
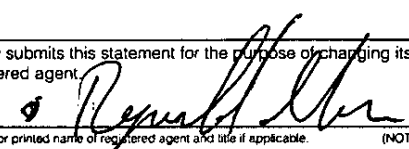
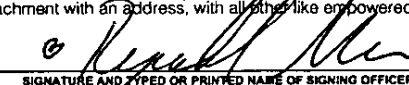


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 049 ***150.00

| | | | | | |
|--|-------------------------------------|---|---|--|--|
| DOCUMENT # P96000078409 1. Entity Name BESTWAY BUS SERVICE, INC. | | | |  | |
| Principal Place of Business 4501 SW 142 PLACE MIAMI, FL 33175 | | | Mailing Address 4501 SW 142 PLACE MIAMI, FL 33175 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0699822 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent VILALTA, SUSANA 2021 SW 140TH PLACE MIAMI, FL 33175 | | | | 7. Name and Address of New Registered Agent Name REYNALDO MORERA Street Address (P.O. Box Number is Not Acceptable) 4501 SW 142 PLACE City MIAMI FL 33175 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | DATE 3/15/06 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VILALTA, ROSA | | NAME | | |
| STREET ADDRESS | 4501 SW 142 PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33175 | | CITY - ST - ZIP | | |
| TITLE | PSD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORERA, REYNALDO | | NAME | | |
| STREET ADDRESS | 4501 SW 142 PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33175 | | CITY - ST - ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORERA, MARICEL | | NAME | | |
| STREET ADDRESS | 4501 SW 142 PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33175 | | CITY - ST - ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTOS, BERTHA | | NAME | | |
| STREET ADDRESS | 4501 SW 142 PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33175 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Date 3/15/06 Daytime Phone # 705 227 0135 | | |