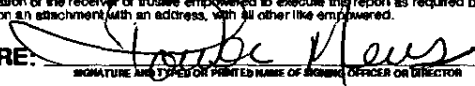


FILED

03 JUN -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000091782			
1. Entity Name POWER SHUTTLE, INC.			
Principal Place of Business 7310 NW 7TH AVE MIAMI, FL 33150		Mailing Address 5630 MONROE ST. HOLLYWOOD, FL 33023	
2. Principal Place of Business 7321 N. Miami Ave Suite, Apt. #, etc.		3. Mailing Address 331 NE-180 DR Suite, Apt. #, etc.	
City & State Miami- FL		City & State N. Miami FL	
Zip 33150	Country DADE	Zip 33162	Country DADE
4. Name and Address of Current Registered Agent DORTELUS, JOSELYN 4300 NE 10TH AVENUE MIAMI, FL 33161		4. FEI Number 85-0708756 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and date of application. (MORE Registered Agent signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEUS, POWER I 5630 MONROE ST. HOLLYWOOD, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEUS, POWER I 545 N.E. 121 st Miami FL 33161 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DESCOR BETH, RIKA 16666 NW 2ND AVE., APT 110 MIAMI, FL 33169 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec MEUS, G. MARIE 204 NE 26 st - Pompano Beach ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, 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: 5/30/03 Daytime Phone: 7616	

CR-E034 (10/02)