


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Florida Department of

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90050 042 ***150.00

DOCUMENT # P98000032308	
1. Entity Name AUTO BUS AMERILINES, CORP.	

Principal Place of Business 19380 COLLINS AVE # 727 SUNNY ISLES, FL 33160	Mailing Address 19380 COLLINS AVE # 727 SUNNY ISLES, FL 33160
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40052709



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ELO ENTERPRISES, INC, 301 CRAWFORD BLVD. #201-A BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent	
Name JOSE E. LAURIA	
Street Address (P.O. Box Number is Not Acceptable) 19380 COLLINS AVE # 727	
City SUNNY ISLES	FL Zip Code 33160

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  (NOTE: Registered Agent signature required when reinstating) **JOSE E. LAURIA**
Agent Reg. DATE **03/29/2007**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAURIA, JOSE E 19380 COLLINS AVE # 727 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JOSE E. LAURIA**
President DATE **03/29/2007 (305) 466-3900**