

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000057361

1. Entity Name
MIAMI BUS SERVICE CORP.



Principal Place of Business
10460 SW 26 ST
MIAMI, FL 33165

Mailing Address
10460 SW 26 ST
MIAMI, FL 33165



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0851256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MAYLING
10460 SW 26 ST
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000914863
05/08/08-80073-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HERNANDEZ, MAYLING
STREET ADDRESS	10460 SW 26 ST
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	T
NAME	HERNANDEZ, ALBERTO
STREET ADDRESS	10460 SW 26 ST
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	PD
NAME	HELNALNDEZ, MAYLING
STREET ADDRESS	10460 SW 26ST
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-299-6655