## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P98000100164

1. Entity Name

AEROBENS TRANSPORTATION SERVICE, INC.



FILED Apr 27, 2007 08:00 AM Secretary of State

						600 11	Thosa .						
2900 NORT 423	co of Business TH 26 AVE OOD FL 3302	·	Mailing Address POST OFFICE BOX 661665 MIAMI SPRINGS FL 33266-1665										
2. Principal f	Place of Busin	ess - No P.O. Box #	3. Ma	ailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, ctc.					15	st MOORE	CR2	2E034 (	10/06)	
City & Stato			City & State					4. FEI Numb	<sup>oer</sup> 65-0898	599			Applied For Not Applicable
Zip		Country	Zıp	Zip Cour		ntry	fy 5. Cortifica		o of Status Desire	ed [		<b>8.75</b> Ace Requir	
	6. Name	and Address of Curren	t Register	ed Agent				7. Name an	d Address of Ne	w Regis	tered Ag	ent	
					- " -	-Name:	_ =		-		. ~	·	÷ 1
ESCRIBENS, FERNANDO 2900 NORTH 26 AVE #423 HOLLYWOOD FL 33020							Street Address (P.O. Box Number is Not Acceptable)						
						City					FL	Zip Co	
8. The above the obligation	named entity tions of registe	submits this statement ( pred agent.	or the purp	pose of changing its	s rogistori	ed office or re	egistere	ed agont, or bo	oth, in the State o	f Florida.	l am íar	niliar with	, and accept
SIGNATURE	Suppliero hipad	or printed name of registered agon	I pod tilo i po	alookia /NOT	F. D	d Agent signature					DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State									9. Election Ca Trust Fund		_		.00 May Be led to Fees
10.		OFFICERS AND	DIRECTO	DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042307

305-5460091