

Chris Aquino

From: WMATC E-Filings
Sent: Sunday, January 25, 2026 6:17 PM
To: WMATC carrier filings
Subject: 2026 Annual Report - WMATC No: 3602, Carrier Name: Blue Moon Limo Inc.

Washington Metropolitan Area Transit Commission
2026 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2026, must file a complete 2026 annual report and pay a \$175 annual fee on or before **January 31, 2026**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee..**
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2026.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 3602

Name of Carrier (as shown on certificate of authority): Blue Moon Limo Inc.

Trade Name:

Principal Place of Business

Street Address: 9417 Falling Waters Court

Apt./Suite:

City: Laurel

State: MD

Zip: 20723

Mailing Address (if different from street address)

Street: 9457 Lanham severn road

Apt./Suite:

City: lanham

State: MD

Zip: 20706

Telephone Number: (202)558-8461

Other Telephone:

Fax Number:

E-mail: libra876@hotmail.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.:

DC DFHV No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.: 5457

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: Khalid Ayub

Title: Representative

Telephone Number: (202)558-8461

Other Telephone:

Fax Number:

E-mail: libra876@hotmail.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process: Khalid Ayub

Agent Address: 9457 Lanham Severn Road

Apt./Suite:

City: Lanham

State: MD

Zip: 20706

Telephone Number: (202)558-8461

E-mail: libra876@hotmail.com

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No such changes occurred

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2019	chevrolet	1GNSKHKC9KR186880	65277B	MD	8	No
	2020	chevrolet	1GNSKHKCXLR159169	59502B	MD	8	No
	2020	chevrolet	1GNSKHKC4LR128743	69248B	MD	7	No
	2021	chevrolet	1GNSKCKD8MR460858	59143B	MD	7	No
	2022	chevrolet	1GNSKCKD2NR256008	67113B	MD	7	No
	2019	volvo	LVY102MK7KP079794	67267B	MD	5	No
	2022	chevrolet	1GNSKCKD2NR113835	66446B	MD	7	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Bilal Azam

Title: Secretary

Date: 01/25/2026