


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90491 020 ***150.00

DOCUMENT # P03000063163

1. Entity Name
EXTRAVAGANZA LIMOUSINE SERVICES, INC



Principal Place of Business Mailing Address
911 NW 209 AVE. 3102 **911 NW 209 AVE. 3102**
MIRAMAR, FL 33029 US **MIRAMAR, FL 33029 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

GBS CONSULTANTS
1290 WESTON RD.
SUITE 306
WESTON, FL 33326

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	URIBE, LUIS E	
STREET ADDRESS	4135 SW 186 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLEGO, OLGA L	
STREET ADDRESS	4135 SW 186 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	URIBE, LUIS E	
STREET ADDRESS	4135 SW 186 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLEGO, OLGA L	
STREET ADDRESS	4135 SW 186 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Olga Leticia Gallego B.* Date: 04/28/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR