

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 A
Secretary of State

DOCUMENT # P05000018286

1. Entity Name
 PARIS LIMOUSINE SERVICE ORLANDO, INC



Principal Place of Business
 13733 HAWKEYE DRIVE
 ORLANDO, FL 32837 US

Mailing Address
 13733 HAWKEYE DRIVE
 ORLANDO, FL 32837 US



03082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2304384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MUJTABA, NAHEED
 13732 RIDGE TOP RD
 ORLANDO, FL 32837

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLIAGATH, HAROON 15336 PETRUS LN CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUJTABA, NAHEED 13732 RIDGE TOP ROAD ORLANDO, FL 32837
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Naheed Mujtaba

Date

Daytime Phone #

4/13/08

407-240-6674