

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092882

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: AMERICANS LOVES LUXURY LIMOUSINES INC

## Current Principal Place of Business:

16711 NW 79 AVE  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

18350 NW 2ND AVE  
SUITE 500  
MIAMI, FL 33169

## Current Mailing Address:

16711 NW 79 AVE  
MIAMI LAKES, FL 33016

## New Mailing Address:

18350 NW 2ND AVE  
SUITE 500  
MIAMI, FL 33169

FEI Number: 20-5196618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRICIA-ANN BLAIR, P.A.  
18350 NW 2ND AVE  
SUITE 500  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEWIS, CLIVE A  
Address: 16711 NW 79 AVE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete  
Name: BLAIR, TRICIA-ANN A  
Address: 16711 NW 79 AVE  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEWIS, CLIVE A  
Address: 18350 NW 2ND AVE, SUITE 500  
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change ( ) Addition  
Name: BLAIR, TRICIA-ANN A  
Address: 18350 NW 2ND AVE, SUITE 500  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIVE A. LEWIS

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date