


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 020 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000062616
 1. Entity Name
FLEETWOOD LIMOUSINE, INC.



Principal Place of Business 12205 APOPKA-VINELAND RD. ORLANDO, FL 32836	Mailing Address 12205 APOPKA-VINELAND RD. ORLANDO, FL 32836
---	---

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-3481848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARONOFF, LEN
 1947 LEE RD.
 WINTER PARK, FL 32789

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

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	DPS
NAME	ABURISH, NIDA
STREET ADDRESS	5704 BAYSIDE DR.
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	DV
NAME	ABURISH, GHALEB
STREET ADDRESS	12205 APOPKA-VINELAND ROAD
CITY - ST - ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Smith* 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #