

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004967 1. Entity Name FINESSE LIMOUSINE, INC.	
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Principal Place of Business 2684 N.W. 69TH AVENUE MARGATE, FL 33063	Mailing Address 2684 N.W. 69TH AVENUE MARGATE, FL 33063
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06062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0013143	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**LUIZ, RICHARD
2684 N.W. 69TH AVENUE
MARGATE, FL 33063**

**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 _____

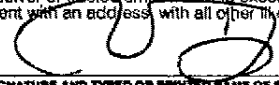
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUIZ, LUZ E 2684 N.W. 69TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST LUIZ, LUZ E 2684 N.W. 69TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUIZ, RICHARD 2684 N.W. 69TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST LUIZ, RICHARD 2684 N.W. 69TH AVENUE MARGATE, FL 33063
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06/10/04-80005-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **6/8/2004 954-341-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #