2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000004967

1. Entity Name
FINESSE LIMOUSINE, INC.

Principal Place of Business	Mailing Address
2684 N.W. 69TH AVENUE MARGATE, FL 33063	2684 N.W. 69TH AVENUE MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

06062004 No Chg-P CR2E034 (10/03)

4. FEI Number
26-0013143

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUIZ, RICHARD
2684 N.W. 69TH AVENUE
MARGATE, FL 33063

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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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUIZ, LUZ E
STREET ADDRESS	2684 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VST
NAME	LUIZ, LUZ E
STREET ADDRESS	2684 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	PD
NAME	LUIZ, RICHARD
STREET ADDRESS	2684 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VST
NAME	LUIZ, RICHARD
STREET ADDRESS	2684 N.W. 69TH AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6/8/2004 954-341-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #