

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004109

FILED  
May 01, 2008  
Secretary of State

Entity Name: CAREY LIMOUSINE FLORIDA, INC.

**Current Principal Place of Business:**

4595 OAKES ROAD  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

4530 WISCONSIN AVE. NW  
WASHINGTON, DC 22016 US

**New Mailing Address:**

FEI Number: 65-0429443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: KESSLER, GARY L  
Address: 4530 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20016 US

Title: VPD ( ) Delete  
Name: LAHR, MITCHELL J  
Address: 4530 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20016 US

Title: VPS ( ) Delete  
Name: ENNIST, DIANE M  
Address: 4530 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20016 US

Title: D ( ) Delete  
Name: FOLEY, SARAH  
Address: 830 3RD AVE., 3RD FLOOR, CHARTWELL INV  
City-St-Zip: NEW YORK, NY 10022 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KESSLER, GARY L  
Address: 4530 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20016 US

Title: VPTD (X) Change ( ) Addition  
Name: LAHR, MITCHELL J  
Address: 4530 WISCONSIN AVE NW  
City-St-Zip: WASHINGTON, DC 20016 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIANE M ENNIST

VPS

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date