

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004109

FILED
Apr 27, 2012
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

OFFICERS AND DIRECTORS:

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

Title: VPTD
Name: LAHR, MITCHELL
Address: 4530 WISCONSIN AVE NW
City-St-Zip: WASHINGTON, DC 20016 US

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

Title: TREA
Name: TESSIER, LOUIS A
Address: 4530 WISCONSIN AVE NW
City-St-Zip: WASHINGTON, DC 20016 US

I hereby 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 all other like empowered.

SIGNATURE: DIANE M. ENNIST

SEC

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date