


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G13390**  
 1. Entity Name  
 REINALDO PADRINO LIMOUSINE SERVICE, INC.



Principal Place of Business  
 2355 NW 35 AVENUE  
 MIAMI, FL 33142

Mailing Address  
 2355 NW 35 AVENUE  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2242342

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PADRINO, REYNALDO  
 2355 NW 35 AVENUE  
 MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**

A. 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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PADRINO, REYNALDO 2355 NW AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PADRINO, CARLOS 6364 S.W. 32 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PADRINO, REINALDO JR 4511 SOUTH OCEAN BLVD. # 1 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000005779  
 01/16/04-80005-011 158.75

**DO NOT WRITE 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)(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: X [Signature] Date: X JANUARY 12 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR