

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96312

Entity Name: A-1 LIMOUSINES LTD., INC.

FILED  
May 01, 2004  
Secretary of State

## Current Principal Place of Business:

% JOAN DRAGOTTA  
1109 N FEDERAL HWY SUITE #12  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

4611 S UNIVERSITY  
PMB 453  
DAVIE, FL 33328

## Current Mailing Address:

% JOAN DRAGOTTA  
1109 N FEDERAL HWY SUITE #12  
HOLLYWOOD, FL 33020

## New Mailing Address:

4611 S UNIVERSITY  
PMB 453  
DAVIE, FL 33328

FEI Number: 65-0026458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRAGOTTA, JOAN  
1109 N FEDERAL HWY SUITE #12  
HOLLYWOOD, FL 33020

## Name and Address of New Registered Agent:

DRAGOTTA, JOAN  
4611 S UNIVERSITY  
PMB 453  
DAVIE, FL 33328

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: JOAN DRAGOTTA

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DRAGOTTA, JOAN,  
Address: 1109 N FEDERAL HWY  
City-St-Zip: HOLLYWOOD, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DRAGOTTA, JOAN  
Address: 4611 S UNIVERSITY , PMB 453  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Change (X) Addition  
Name: DRAGOTTA, LOUIS  
Address: 4611 S UNIVERSITY, PMB 453  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOAN DRAGOTTA

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05/01/2004

Electronic Signature of Signing Officer or Director

Date