2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2004 8:00 am Secretary of State

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1. Entity Nam	MENT # K39080 RANDE LIMOUSINE, INC.	F.				09-2004 900	•		
Principal Place	e of Business	Mailing Address				44046	45 <i>5</i> .		
446 - 4TH ST. P.O. BOX 413									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.							
	1				03142003 Chg-	P CR2	E034 (10/03)		
City & State	e ·	City & State			4. FEI Number		Ap	plied For	
*		·			65-0089922 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status D	esired \square	\$8.75 Add	litional	
	·				*		Fee Requires		
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
CUDICTEN	UCENI CARVINI		Name	Name GARY W. CHRISTENSEN					
	NSEN, GARY W PARILLA RD			Street Address (P.O. Box Number is Not Acceptable)					
UNIT D-15			<u></u>	<u>0 6</u>	16x 2322				
PLACIDA,			1	446) 4# St.				
	:		City 6	<u> </u>			Zip Code	e .	
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	named entity submits this statement for	r the purpose of changing its re	egistered office or	register	ed agent, or both, in the St	ate of Florida. I a	am familiar with,	and accept	
the obligat	ions of legistered eggyl.					,	-16		
SIGNATURE_	any mis -	•	• -			6-3-	DY.	<u> </u>	
	Signature, typod or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signatur	ne required	when reinstating)	, DAŢ	TE :		
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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 attachnical with an address with all other like empowered.

SIGNATURE-

GARY CHRISTENSEN

6-4-04

941-964-0455

Date

Daytima Phone #