2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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or trustee empow

of the corporation or the receiver changed, or on an attachmen

SIGNATURE:

Apr 28, 2004 08:00 AM **DOCUMENT # L42024 Secretary of State** Entity Name ELEGANTE' LIMO, INC. Principal Place of Business Mailing Address 203 NW 5TH AVE 203 NW 5TH AVE HALLANDALE, FL 33009 HALLANDALE, FL 33009 CR2E034 (10/03) 04072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0274194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FIERO, JOSEPH 203 NW 5TH AVE. HALLANDALE, FL 33009 IN THIS SPACE 8. 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000136544 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 <u>/28/04-80095-004 150 00</u> OFFICERS AND DIRECTORS 10. TITLE NAME FIERO, JOSEPH 203 NW 5TH AVE. STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP to qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ke empowered. plied with this filing I hereby certify that the information s indicated on this report or supplem

FILED

04/22/04

Joseph Fiero 💳

(954) 454-5006

Daytime Phone #