

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 027 ***550.00

DOCUMENT # M48539

1. Entity Name
CLUB LIMOUSINE SERVICE, INC.



Principal Place of Business
**12050 NE 14TH AVE
MIAMI, FL 33161 US**

Mailing Address
**4530 WISCONSIN AVE, NW
WASHINGTON, DC 20016**

54065624



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0056340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOLFINGTON, VINCENT A	
STREET ADDRESS	4530 WISCONSIN AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20016	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KESSLER, GARY L	
STREET ADDRESS	4530 WISCONSIN AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20016	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LAHR, MITCHELL J	
STREET ADDRESS	4530 WISCONSIN AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, DEVIN J	
STREET ADDRESS	4530 WISCONSIN AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, JEFFREY R	
STREET ADDRESS	717 FIFTH AVENUE, 23RD FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foley, Sarah	
STREET ADDRESS	717 Fifth Avenue, 23 flr	
CITY-ST-ZIP	New York, NY 10022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employment.

SIGNATURE:

Gary L. Kessler

Vice President and Secretary

7/16/04

202 895 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #