

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90016 026 ****70.00

DOCUMENT # N30805	
1. Entity Name FLORIDA LIMOUSINE ASSOCIATION, INC.	

Principal Place of Business PO BOX 70550 FORT LAUDERDALE, FL 33307-0550 US	Mailing Address P.O. BOX 22801 FT. LAUDERDALE, FL 33335-2801 US c/o Airport Express
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2. Principal Place of Business	3. Mailing Address P.O. Box 950
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State FT. Laud, FL
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Zip	Country	Zip	Country
		33302	USA

40007870

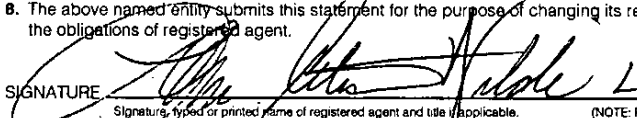


01252005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0063412	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARINARO, ROSS 5408 NE 1ST TERRACE FT LAUDERDALE, FL 33334-1634		7. Name and Address of New Registered Agent Name Lorraine Celestino Wilde Street Address (P.O. Box Number is Not Acceptable) 3700 Oak Ridge Lane City Weston FL Zip Code 33331	
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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: 	DATE: 1/25/05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CELESTINO, LORRAINE 3700 OAKRIDGE LANE FORT LAUDERDALE, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lorraine Celestino Wilde ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D LENHARD, JOHN S 3003 TERRAMAR ST FT. LAUDERDALE, FL 33304 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BOB BORODAY 10097 CLEARY BLVD Ft. Lauderdale ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BORODAY, CARLA 10097 CLEARY BLVD FORT LAUDERDALE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITT, MARK 4300 NW 14 ST. MIAMI, FL 33124 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, STEPHEN M 11767 WEST PRAMBLING DRIVE WEST PALM BEACH, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VERSACE, RICK 102 SPANISH RIVER BLVD BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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.	
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SIGNATURE: 	DATE: 1/25/05	DAYTIME PHONE: 954-565-8900
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