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.

40007870

Principal Place of Business	Mailing Address
PO BOX 70550 FORT LAUDERDALE, FL 33307-0550 US	~~P.O. BOX 22801~~ ~~FT. LAUDERDALE, FL 33335-2801 US~~ c/o Airport Express

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 950 Suite, Apt. #, etc.
City & State	City & State: Ft. Laud, FL
Zip / Country	Zip: 33302 / Country: USA

4. FEI Number: 65-0063412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

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: _____ Lorraine Celestino Wilde 1/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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.

SIGNATURE: _____ Lorraine Celestino Wilde 1/25/05 954-565-8900 XV560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #