2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90015 049 ****61.25

DOCUMENT # N30805

1. Entity Name
FLORIDA LIMOUSINE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 70550 FORT LAUDERDALE, FL 33307-0550 US	C/O AIRPORT EXPRESS PO BOX 950 FORT LAUDERDALE, FL 33302 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

WILDE, LORRAINE C
3700 OAK RIDGE LANE
WESTON, FL 33331

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2006

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 WILDE, LORRAINE C 3700 OAKRIDGE LANE FORT LAUDERDALE, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D BORODAY, BOB 10097 CLEARY BOULEVARD+ FT. LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ☑ 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	D ☑ 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	GARCIA, RAY V.P./D ☑ Change ☐ Addition 21346 St. ANDREWS BLVD. BOCA RATON, FL 33433
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	~~FLT~~ RONI SHELLY S/D ☐ Change ☐ Addition 816 SE 15th Street Deerfield Bch, FL 33441
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	D ☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/21/06 954 565-8900 x560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #