2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE 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 _____
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T/D
NAME	WILDE, LORRAINE C
STREET ADDRESS	3700 OAKRIDGE LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	P/D
NAME	BORODAY, BOB
STREET ADDRESS	10097 CLEARY BOULEVARD+
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D3
NAME	BORODAY, CARLA
STREET ADDRESS	10097 CLEARY BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	VPD
NAME	GARCIA, RAY
STREET ADDRESS	21346 ST. ANDREWS BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S/D
NAME	SHELLY, RONI
STREET ADDRESS	816 SE 15TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	VERSACE, RICK
STREET ADDRESS	102 SPANISH RIVER BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431

UD00000649451
03/07/07-80043-017 61.25

DO NOT WRITE IN THIS SPACE

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.

XX560

SIGNATURE: Lorraine C Wilde Lorraine C Wilde 2/20/07 954-5658900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #