FILED Mar 28, 2008 8:00 am Secretary of State

| ANNUAL REPORT | N |
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| DOCUMENT # P01000011554 1. Entity Name PRIVATE CAR LUXURY TRANSPORATATION, INC. | | | | | | | | 0035 018 ***150 | 0.00 | |
| Principal Plac | e of Business | Mailing Address | | | | dinna | 000 | | | |
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| | EN PINES LN. | 10030 HIDDEN PINES | | | | • | | | | |
| BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 | | | | | 4 | | | | | |
| | , | | | • * | · | |) | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 02252008 | Chg-P | CR2E034 (12/06) | | |
| City & State | e . | City & State | | | | 4. FEI Number Applied For 52-2291051 Not Applicable | | | | |
| Zip | Country | Zip | Count | try | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Curren | t Registered Agent | | | | 7. Name and | Address of New Ro | gistered Agent | | |
| | · · · · | | | Name | | | | | | |
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| | NE, RALPH | | | Stroot Add | rece /P | O Boy Number | is Not Acceptable | \ | | |
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| 9 The above | named entity submits this statement if | ios the outcome of changing its | rogistors | nd office or re | agietara | vd accest or both | in the State of Flo | rida Lam familiar with | and accept | |
| | ions of registered agent. | or the purpose or changing its | registere | ed Onice or re | egistere | d agent, or bott | i, in the State of Flo | ilua. Tarritarimai wilii, | and accept | |
| the congut | ions of registered agont. | • | | | | | | | } | |
| CICNIATUDE | | | | | | | | | 1 | |
| SIGNATURE. | Signature, typed or printed name of registered ager | and title if applicable. (NOT | E: Registered | d Agent signature | required v | when reinstating) | | DATE | | |
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| | E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550 | 9. Election Campa Trust Fund Con | - | ncing | | 00 May Be d to Fees | | , | | |
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| 10. | OFFICERS AND | | 11. | | | ADDITIONS/C | MANGES TO-OFFI | CERS AND DIRECTOR | | |
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| 12. I hereby | certify that the information supplied wi | th this filing does not qualify f | or the ex | emptions con | ntained | in Chapter 119 | Florida Statutes. I | further certify that the i | nformation | |
| المراجعة المراجعة | on this report or supplemental report report or the receiver or trustee em | in true and accurate and that | mu ciana | ture chall have | in the c | ama laggi offact | se if made under d | ath that I am an office: | or director I | |
| or the cor | rporation or the receiver or trustee em , or on an attachment with an address | powered to execute this repor , with all other like empowered | ı as requi İ. | red by Chabi | tai 007, | , การกานสารเสเบายร | s, and that my name | a phears in Diock 10.0 | . DIOCK III | |
| J. III. Igou | | 1 000 | 1 . | | | , | , | 229.774. | ا ـ ـ ا | |
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