
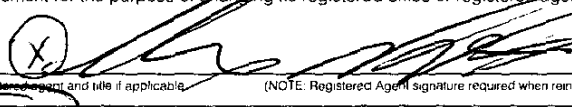


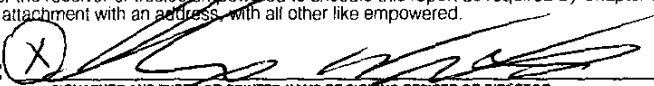
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 002 ***150.00

DOCUMENT # P01000040720 1. Entity Name FIRST CHOICE LIMOUSINE SERVICES, INC.					
Principal Place of Business 113 NORTH FEDERAL HWY DANIA BEACH FL 33004			Mailing Address 113 NORTH FEDERAL HWY DANIA BEACH FL 33004		
2. Principal Place of Business 2127 Madison Street Suite, Apt. #, etc. #1		3. Mailing Address 2127 Madison Street Suite, Apt. #, etc. #1			
City & State Hollywood, Florida		City & State Hollywood, Florida		4. FEI Number 65-1101521	
Zip 33020		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, GERALD J 113 NORTH FEDERAL HWY DANIA BEACH FL 33004			7. Name and Address of New Registered Agent Name Alex Vivio Street Address (P.O. Box Number is Not Acceptable) 2127 Madison Streer #1 City Hollywood, FL Zip Code 33020		
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 Alex Vivio (X)  DATE 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV VIVIO, ALEX 2127 MADISON STREET APT 1 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: (X) 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #