

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040320

FILED
Apr 30, 2006
Secretary of State

Entity Name: GARY LIMOUSINE, ADVENTURE TOURS & LUXURY SERVICES INC.

Current Principal Place of Business:

6953 HARDING AVENUE
APARTMENT 2
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 416322
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 35-2165432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH DOUGLAS BARON, P.A.
10200 REFLECTIONS BLVD. WEST
APARTMENT 104
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHTEYN, GARY
Address: 6953 HARDING AVENUE - APARTMENT 2
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPT () Delete
Name: SHTEYN, MIKHAIL
Address: 6953 HARDING AVENUE-APARTMENT
City-St-Zip: MIAMI BEACH, FL 33141

Title: EXES () Delete
Name: SHETYN, NATALYA GARUS
Address: 6953 HARDING AVENUE, APT. 2
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S.

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date