2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P02000092040** 04-06-2007 90038 004 ***150.00 LUXURY LIMOUSINES INC. Mailing Address Principal Place of Business 5757 COLLINS AVE., APT. 1904 5757 COLLINS AVE., APT. 1904 MIAMI BCH, FL 33140 MIAMI BCH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13.05 Hatteras Ct. Suite, Apt. #, etc. 1305 Hatteras Ct Suite, Apt. #, etc. 02072007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 52-2374693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTRO, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 5757 COLLINS AVE., APT. 1904 MIAMI BCH, FL 33140 eras 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 (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete TITLE △ Change ☐ Addition CASTRO, RIGOBERTO NAME NAME STREET ADDRESS STREET ADDRESS 5757 COLLINS AVE., APT. 1904 CITY-ST-ZIP CITY-ST-7IP MIAMI BCH, FL 33140 Delete TITLE TITLE ☐ Addition PEREZ, ESPERANZA NAME NAME 5757 COLLINS AVE., APT. 1904 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33140 CITY-ST-ZIP Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #