2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 08, 2004 8:00 am Secretary of State **DOCUMENT # P02000095276** 09-08-2004 90124 026 ***550.00 PATRIOT LIMOUSINE COMPANY Principal Place of Business Mailing Address 24083725 3608 TRAFALGAR WAY 3608 TRAFALGAR WAY STE 104 STE 104 PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 2. Principal Place of Business 3. Mailing Address 2432 CLUBSIDE CT. CLUBSIDE CT. Suite, Apr. #, etc. CR2E034 (10/03) 08292004 Chg-P 327 City & State City & State 4. FEI Number Applied For HARBOR HARBOR FZ. 55-0793442 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, KEITH Street Address (P.O. Box Number is Not Acceptable) 3535 1ST AVE N ST PETERSBURG, FL 33713 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: Ragistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition velilla, jorge A. VELILLA, MICHAEL NAME NAME 2432 CLUBSIDE CT. APT. 327 2432 CLUBSIDE COURT APT 327 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE Delete TITLE ☐ Change ■ Addition VELILLA, JORGE A NAME 2432 CLUBSIDE COURT APT 327 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-7IP TITLE ☐ Delete TITLE " ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TOLE TITLE ☐ Defete Change NAME 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 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.

FILED

227-943-9917