

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000041488

1. Entity Name
TLC LUXURY LIMOUSINE CORPORATION



**FILED
Sep 02, 2004 8:00 am
Secretary of State**

09-02-2004 90072 008 ***150.00

Principal Place of Business

806 CYPRESS GROVE LANE SUITE 109
POMPANO BEACH, FL 33069

Mailing Address

806 CYPRESS GROVE LANE SUITE 109
POMPANO BEACH, FL 33069

2. Principal Place of Business

816 S.E. 15TH STREET
Suite, Apt. #, etc.
DEERFIELD BEACH, FL.

3. Mailing Address

816 S.E. 15TH STREET
Suite, Apt. #, etc.
DEERFIELD BEACH, FL

City & State

33441

City & State

33441

Zip

Country

Zip

Country

08052004 Chg-P CR2E034 (10/03)

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMELEE, BRUCE G
C/O BROOKS HERMELEE GEFFIN, L.L.C.
25 SE 2ND AVENUE SUITE 1135
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLY, RONI 806 CYPRESS GROVE LANE SUITE 109 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronni SHELLY-CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 954-298-7661

Date

Daytime Phone #