



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-02-2004 90072 008 \*\*\*150.00

<b>DOCUMENT # P03000041488</b> 1. Entity Name <b>TLC LUXURY LIMOUSINE CORPORATION</b>					
Principal Place of Business <b>806 CYPRESS GROVE LANE SUITE 109 POMPANO BEACH, FL 33069</b>			Mailing Address <b>806 CYPRESS GROVE LANE SUITE 109 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business <b>816 S.E. 15<sup>TH</sup> STREET</b> Suite, Apt. #, etc. <b>DEERFIELD BEACH, FL.</b> City & State <b>33441</b> Zip Country		3. Mailing Address <b>816 S.E. 15<sup>TH</sup> STREET</b> Suite, Apt. #, etc. <b>DEERFIELD BEACH, FL</b> City & State <b>33441</b> Zip Country		<b>34071443</b> 	
4. FEI Number <b>08052004</b> Chg-P <b>CR2E034 (10/03)</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HERMELEE, BRUCE G</b> <b>C/O BROOKS HERMELEE GEFFIN, L.L.C.</b> <b>25 SE 2ND AVENUE SUITE 1135</b> <b>MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	<b>D</b> <input type="checkbox"/> Delete <b>SHELLY, RONI</b> <b>806 CYPRESS GROVE LANE SUITE 109</b> <b>POMPANO BEACH, FL 33069</b>		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: <u>Roni Shelly</u> <b>RONI SHELLEY-CEO</b> <span style="float: right;">8/31/04 954-298-7664</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					