

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90065 036 \*\*\*158.75

<b>DOCUMENT # P03000045648</b> 1. Entity Name <b>JIREH PRIVATE CAR / LIMOUSINE SERVICE, INC.</b>					
Principal Place of Business <b>8915 RAMBLE WOOD DRIVE APT 2203 CORAL SPRINGS, FL 33071</b>			Mailing Address <b>8915 RAMBLE WOOD DRIVE APT 2203 CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box # <b>9188 WEST ATLANTIC BLVD</b>		3. Mailing Address <b>9188 WEST ATLANTIC BLVD</b>			
Suite, Apt. #, etc. <b>APT. 1533</b>		Suite, Apt. #, etc. <b>APT. 1533</b>			
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>			
Zip <b>33071</b>		Country <b>US</b>		4. FEI Number <b>56-2370163</b>	
Zip <b>33071</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAVEZ, MARIA C 8915 RAMBLE WOOD DRIVE APT 2203 POMPAÑO BEACH, FL 33071</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>9188 WEST ATLANTIC BOULEVARD</b> <b>APT. 1533</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAVEZ, MARIA C</b> <b>8915 RAMBLE WOOD DRIVE APT 2203</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARIA C. CHAVEZ</b> <b>9188 WEST ATLANTIC BOULEVARD APT 1533</b> <b>CORAL SPRINGS, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CHAVEZ, BORIS J</b> <b>8915 RAMBLE WOOD DRIVE APT 2203</b> <b>CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BORIS J. CHAVEZ</b> <b>9188 WEST ATLANTIC BOULEVARD APT. 1533</b> <b>CORAL SPRINGS, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>			<b>BORIS CHAVEZ</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/18/08</b> Daytime Phone # <b>(954) 346-2313</b>		