2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🗡

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

FILED Mar 15, 2004 8:00 am Secretary of State

Daytime Phone #

	ANNOAL	. KEPUKI			_
DOCUMENT # P03000062588 1. Entity Name EXTRAVAGANZA LIMOUSINE, INC.				03-15-2004 9	00059 013 ***150.00
Principal Place	e of Business	Mailing Address			.
4135 SW 186TH WAY 4135 SW 186TH WAY				24	021353
MIRAMAR, FL 33029 MIRAMAR, FL 33029				24	021333
					ELICS MUNIO WILSON FRANKI MINON NORMA INFERMA IL SONII
2. Principal Place of Business AVE. 3. Mailing Address 911 NW ZO9			9 AVE.		
		Suite, Apt. #, etc.	1 /10-01	01272004 Cha-P	CR2E034 (10/03)
102		501			
City & Stat	OWE-PINES FL	City & State	PINK-S, FL	4. FEI Number 33 - 1-060-6	Applied For Not Applicable
Zip	Country	Zip _		33-1000-0	
3302		33029	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current			7. Name and Address of New	Registered Agent
Name					
URIBE, LUIS E				(P.O. Box Number is Not Acceptat	ele)
4135 SW 186TH WAY MIRAMAR, FL 33029					
	,				
\ .		•	City	· · · · · · · · · · · · · · · · · · ·	Zip Code
O The should	named entity submits this statement f	ar the number of changing its	ragista-ad efficie or regista	ared excel or both in the State of I	lorida Laur familiar with and accost
the obligat	tions of registered agent.	or the porpose or changing its	registered diffice of registe	ared agent, or oom, in the state or i	ionda, Farmanikar with, and accept
.SIGNATURE.	Signalure, typod of நடிக்கான கூறிர் நக்கி ager	it and fit e if applicable. (NOTE	. Registered Agent signature require	ed when renestating.	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550		ribution. Ad	5.00 May Be ded to Fees	THOUSE AND DIDECTODE IN A
TITLE	OFFICERS AND	Delete	- 111	ADDITIONS/CHANGES TO OR	FICERS AND DIRECTORS IN 11 Change Addition
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CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	VP	Delete .	TITLE	,	☐ Change ☐ Addition
NAME	GALLEGO, OLGA L	•	, NAME		3
STREET ADDRESS	4135 SW 186TH WAY	. •	STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029	——————————————————————————————————————	CITY-ST-ZIP		
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NAME			NAME		į
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		•	CITY-ST-ZIP		3 · · · · · · · · · · · · · · · · · · ·
12. I bereby	L certify that the information supplied wi	th this filing does not qualify for	the exemption stated in 5	Section 119.07(3)(i) Florida Statule	s. I further certify that the information
indicated of the co	f on this report or supplemental report rporation or the receiver or trustee em	is true and accurate and that no powered to execute this report	ny signature shall have the as required by Chapter 60	same legal effect as if made unde	r path: that I am an officer or director
, changed	l, or on an attachment with an address	i, with all other like empowered.			