## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 26, 2004 8:00 am DOCUMENT # P03000096705 **Secretary of State** 04-30-2004 90268 035 \*\*\*150.00 ALL STAR TAXI AND LIMO SERVICE, INC. Principal Place of Business Mailing Address 2621 SOUTH ST 2621 SOUTH ST しまいじけんり W PALM BEACH FL 33407 W PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 86-1079864 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required! 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYCE, DENNIS M -675 W INDIANTOWN RD STE-103 JUPITER FL 33458 MAPLEWOOD DR 8. The above named entity abmits this stylement for Je purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. Change TITLE ☐ Addition ☐ Delete TITLE ALFRED, ERNEST NAME NAME STREET ADDRESS 2621 SOUTH ST STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33407 CITY-ST-ZIP TITLE Change Addition President 21: Sout St. Workm Bruch Fl 33407 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS I Sout St W. Palm Beach Fl33/0) CITY-ST-71P CITY-ST-ZIP TITLE ... 🔲 Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1,19.07(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.

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16 04 (561)3177797 4/16 04 (561)5024553 Attenhmant

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## DENNIS M. BOYCE, P.A.

# P63 D0 50 96 705

July 21, 2004

Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

RE: All Star Taxi and Limo Service, Inc.

## Dear Sir/Madam:

Please be advised that I represent All Star Taxi and Limo Service, Inc. I have been provided with and enclosed a copy of the 2004 Annual Report that was forwarded to your office together with the payment for \$150.00.

On inquiry to your office, I've been advised that the document was returned to my client with a request that he include the employer identification number. My client has checked his records and his office and does not have any recollection or record of having received this back from you. I have taken the liberty of inserting the EIN number at this time and request that you accept this as properly filed and waive the \$400.00 late fee that your office advised would be applicable.

I feel that this is appropriate in that Mr. Alfred properly filed this document on a timely basis and provided a phone number which could have been used to contact him to simply obtain the number.

Thank you for your courtesy and cooperation.

Sincerely

Dennis M. Boyce

DMB/co Enclosures