## **2068 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P03000107592 1. Entity Name ELEGANCE TRANSPORTATION, INC. Mailing Address Principal Place of Business 2209 VICTORIA FALLS DR 2209 VICTORIA FALLS DR ORLANDO, FL 32824 US ORLANDO, FL 32824 US CR2E034 (11/05) 03132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0271485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHAN, KALEEM U DO NOT WRITE 2209 VICTORIA FALLS DR ORLANDO, FL 32824 IN THIS SPACE 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KHAN, KALEEM U NAME STREET ADDRESS 2209 VICTORIA FALLS DR CITY-ST-ZIP ORLANDO, FL 32824 VD TITLE 11000000859621 NAME AKHTAR, ANEES STREET ADDRESS 2209 VICTORIA FALLS DR CJTY-ST-ZIP ORLANDO, FL 32824 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR