
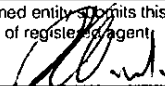
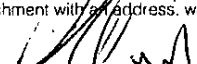


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90020 013 ***158.75

DOCUMENT # P03000110295 1. Entity Name BROWARD LIMOUSINE & AIRPORT SERVICE, INC.																													
Principal Place of Business 7342 NW 5TH ST PLANTATION, FL 33317 US			Mailing Address 7342 NW 5TH ST PLANTATION, FL 33317 US																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 20-0343608																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent WALCZAK, PAUL M ESQ 6560 NW13TH COURT PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name WALCZAK, PAUL M. Street Address (P.O. Box Number is Not Acceptable) 7342 NW 5TH ST City PLANTATION FL Zip Code 33317																										
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  PAUL WALCZAK PRESIDENT DATE 1 25 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PRES</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALCZAK, PAUL M ESQ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6560 NW13TH COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33313</td> <td></td> </tr> </table>			TITLE	PRES	<input checked="" type="checkbox"/> Delete	NAME	WALCZAK, PAUL M ESQ		STREET ADDRESS	6560 NW13TH COURT		CITY-ST-ZIP	PLANTATION, FL 33313		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PRESIDENT</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WALCZAK, PAUL M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7342 NW 5TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALCZAK, PAUL M		STREET ADDRESS	7342 NW 5TH ST		CITY-ST-ZIP	PLANTATION, FL 33317	
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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 supplementary 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:  PAUL WALCZAK PRESIDENT Date 1 25 05 Daytime Phone # 954-791-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													