2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 21, 2006
Secretary of State

DOCUMENT# P03000125532

Entity Name: AMERICAN CAB/LIMO/AIRPORT SERVICES CORP.

Current Principal Place of Business:

1017 NORTH D STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 55-0850211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIUS, JOSEPH Y
1017 NORTH D STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CIUS, JOSEPH Y
Address: 1017 NORTH D ST
City-St-Zip: LAKE WORTH, FL 33460

Title: VP ( ) Delete
Name: CIUS, MARIE B
Address: 1017 NORTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete
Name: CIUS, MARIE G
Address: 1017 NORTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Delete
Name: CIUS, PIERRE Y
Address: 1017 NORTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Delete
Name: CIUS, BILL Y
Address: 1017 NORTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Delete
Name: CIUS, BEATRICE
Address: 1017 NORTH D STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CIUS, JOSEPH Y
Address: 1017 NORTH D ST
City-St-Zip: LAKE WORTH, FL 33460

Title: VPTD (X) Change ( ) Addition
Name: MACIUS, ELIE
Address: 3700 GEORGIA AVE #21
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIE MACIUS VP 09/21/2006

Electronic Signature of Signing Officer or Director Date