2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

☐ Change ☐ Addition

DOCUMENT # P0400003529 1. Entity Name BJD TOWNCAR TRANSPORTATION, INC.								04-16-2007	90329 0	29 ***150).00
Principal Place of Business Mailing Address							1				
1102 CALLA ST ALTAMONTE SPRINGS, FL 32714 1102 CALLA ST ALTAMONTE SPRINGS, FL 32714							1 (83)(86)		101 22 171 2212	111 41 8 111 4 11810 14	(***** at 49***
Principal Place of Business - No P.O. Box # 3. Mailing Add				Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03132007	Chg-P	CR2E	034 (12/06)	
City & State			City & State	•		4. FEI Numb				oplied For	
Zip	Zip Country		Zip Cou		try	54-214212 5. Certificate of St				\$8.75 Ack	
6. Name and Address of Current Registered Agent					· · ·		7 Name and	Address of New F	Panistered	Fee Require	a
e. Rabile dist Audites of Culterit Registered Agent							7. Name and	Addisse of New I	registered	Again	
DROHAN, BRIAN 1102 CALLA ST					Street Address (P.O. Box Number is Not Acceptable)						
ALTAMONTE SPRINGS, FL 32714						 -					
								· · · · · · · · · · · · · · · · · · ·	Fl	Zip Cod	е
8. The shove named entity submits this statement by the number of changing its recipitated						register	ad agent or be	oth in the State of El			and annual
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 the obligations of registered agent.										апо ассері	
Signature, typed of strinted name of registered agent and title if applicable. (NOTE: Registered Agent in							when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					ncing		00 May Be . ed to Fees				
10. OFFICERS AND			RECTORS			ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	\$ IN 11	
TITLE	P		☐ Delete							Change	☐ Addition
NAME CTOCCT ADDOCCC	DROHAN, BRIAN 1102 CALLA ST		.		E Et adoress						
STREET ADDRESS CITY-ST-ZIP	1	LA 57 NTE SPRINGS, FL 32714			Y-ST-ZIP						
TITLE	VP Delete Iii									☐ Change	☐ Addition
NAME	DROHAN	, CATHERINE	NAM							CT OURINGO	ACCINON
STREET ADORESS	1102 CAL	LA ST			ET ADDRESS						
CITY-ST-ZIP	ALTAMON	NTE SPRINGS, FL 32714		CITY-							
IIITE	T		Detete	TITLE						Change	Addition
NAME CTREET ADODESC	BASILE, FRANK 2 PENDERGAST DR		N.								
STREET ADORESS CITY-ST-ZIP	RIFTON, NY 12471				ET ADORESS -ST-ZTP						
TITLE	s		Delete	TITLE				 		Change	Addition
NAME	DROHAN, JENNIFER		tout	NAME			800 BEVERLY BLVD #6 3 ANGELES, CA 90004				
STREET ADDRESS	,				ET ADDRESS	48	00 B	EVEKLY	TAD	76	
CITY-ST-ZIP	ITY-ST-ZIP NEW YORK, NY 10003			CITY-		40:	5 ANG	=LES, CA	400	104	
TITLE	M		Delete IIILI		J					☐ Change	Addition
NAME BASILE, PETER STREET ADDRESS 266 E HORNBEAM DR				NAME CIRCEL							
STREET ADDRESS CITY-ST-ZIP	LONGWO			et advoress -st-zip							

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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

NAME STREET ADDRESS

CITY-ST-ZIP

Drohan CATHERINE DROHAN ATURELLE AND TABLE OF BIGNING OFFICER OF DIRECTOR SIGNATURE: J