2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066024

Principal Place of Business

4835 NE 11TH AVENUE

OAKLAND PARK, FL 33334

2. Principal Place of Business

Suite, Apt. #, etc.

COSBY, RICHARD C **1176 NW 51ST STREET** FORT LAUDERDALE, FL 33306

City & State

Zip

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

FORTUNE LIMOUSINE OF SOUTH FLORIDA, IN

Country

8. The above named entity submits this statement for the

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

COSBY, RICHARD C

1176 NW 51ST STREET

the obligations of registered agent:

P,D

6. Name and Address of Current Registered Ager

nted name of registered agent and title if a

OFFICERS AND DIRECTORS

FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90056 046 ***150 00

ORIDA, INC.			03 23 2000 3	.0030 0 10	150.0	
Mailing Address 4835 NE 11TH AVENUE OAKLAND PARK, FL 33334		50030255				
3. Mailing Address						
Suite, Apt. #, etc.		03172005	Chg-P	CR2E034 (10/03)	
City & State		4. FEI Number 20 - 10 2	-4685	(olied For Applicable
Zip	Country	1	f Status Desired	\$8.	75 Addit	tional
gistered Agent		7. Name and #	Address of New F			7 // 100
	Name Co	7.0. Box Number	CHAR			
1832 CORAL RIDGEDR #1						
	1000	- COICHI			<u>' </u>	
1		LAUDER		FL .	Zip Code 333	05
the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida. I am familiar with, and accept to the state of Florida.						
i title il applicable. (NOTE	d when reinstating)		DATE			
9. Election Campain Trust Fund Contr		.00 May Be led to Fees				
RECTORS	11.	ADDITIONS/C	CHANGES TO OFF	FICERS AND DIF	ECTORS	IN 11
☐ Delete		32 COI		GE DR	Change # 1 3330	☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
Delete	NAME STREET ADDRESS				Change	Addition

CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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:

FICER OR DIRECTOR