

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 031 ***150.00

DOCUMENT # P04000077278

1. Entity Name
AAA LIMOUSINE SERVICE, INC.



Principal Place of Business
**1580 S.E. 25TH STREET
FT. LAUDERDALE, FL 33316**

Mailing Address
**1580 S.E. 25TH STREET
FT. LAUDERDALE, FL 33316**

50033097



2. Principal Place of Business

3. Mailing Address

P.O. Box 165119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252005 Chg-P CR2E034 (10/03)

City & State

City & State
FT LAUDERDALE, FL

4. FEI Number
20-1188872

Applied For
Not Applicable

Zip

Country

Zip

33316

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name **GERALD S. SCHNITZER**
Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD
SUITE 502
City **FT. LAUDERDALE** **FL** Zip Code **33304**

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

Gerald S. Schnitzer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-05

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SGARLATO, PETER A**
STREET ADDRESS **1580 S.E. 25TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **SGARLATO, SONDRA P**
STREET ADDRESS **3100 PALM TRACE LANDINGS #510**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

Sondra Sgarlato **Sondra SGARLATO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/05 9547670304

Daytime Phone #