


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90235 030 \*\*\*150.00

<b>DOCUMENT # P04000151693</b>					
1. Entity Name <b>IMPERIAL LIMOUSINE &amp; TRANSPORTATION SERVICES, INC.</b>					
Principal Place of Business <b>13850 SW 18 COURT DAVIE FL 33325</b>			Mailing Address <b>13850 SW 18 COURT DAVIE FL 33325</b>		
2. Principal Place of Business			3. Mailing Address <b>PO BOX 550353</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>DAVIE FL</b>			4. FEI Number <b>020733006</b>		Applied For <input type="checkbox"/> Not Applicable
Zip <b>33355</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	1st MOORE CR2E034 (10/04)		
6. Name and Address of Current Registered Agent  <b>VARVARO, SALVATORE 13850 SW 18 COURT DAVIE FL 33325</b>			7. Name and Address of New Registered Agent Name <b>VANESSA NECOLETTOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>13850 SW 18 CT</b> City <b>DAVIE FL</b> Zip Code <b>33325</b>		
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 <u><i>Vanessa Necolettos</i></u> <b>PRESIDENT</b> DATE <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VARVARO, SALVATORE 13850 SW 18 COURT DAVIE FL 33325 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VANESSA NECOLETTOS 13850 SW 18 CT DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. MICHAEL NECOLETTOS 13850 SW 18 CT DAVIE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Vanessa Necolettos</i></u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4/18/05</b> DAYTIME PHONE # <b>9548225666</b>		