

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000015957

FILED
Nov 13, 2007
Secretary of State**Entity Name:** TREASURE COAST LIMO INC.**Current Principal Place of Business:**1173 SW.ITHACA ST
PORT SAINT LUCIE, FL 34983 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 880673
PORT SAINT LUCIE, FL 34988 US**New Mailing Address:****FEI Number:** 14-1922136 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLLECITO, DANIEL J
1970 SE W. DUNBROOKE CIR.
PORT SAINT LUCIE, FL 34952 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: SOLLECITO, DANIEL
Address: 1173 SW ITHACA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983**Title:** VP (X) Delete
Name: SOLLECITO, MERIDETH
Address: 1173 SW. ITHACA ST
City-St-Zip: PORT ST. LUCIE, FL 34983 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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: DANIEL SOLLECITO

P

11/13/2007

Electronic Signature of Signing Officer or Director_____
Date