

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 A  
Secretary of State

DOCUMENT # P05000018286

1. Entity Name  
PARIS LIMOUSINE SERVICE ORLANDO, INC



Principal Place of Business  
13733 HAWKEYE DRIVE  
ORLANDO, FL 32837 US

Mailing Address  
13733 HAWKEYE DRIVE  
ORLANDO, FL 32837 US



03082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2304384

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MUJTABA, NAHEED  
13732 RIDGE TOP RD  
ORLANDO, FL 32837

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PALLIAGATH, HAROON  
STREET ADDRESS 15336 PETRUS LN  
CITY- ST- ZIP CLERMONT, FL 34714

TITLE VP  
NAME MUJTABA, NAHEED  
STREET ADDRESS 13732 RIDGE TOP ROAD  
CITY- ST- ZIP ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U000000940948  
05/28/08-80087-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #