


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000040072</b> 1. Entity Name GOODFELLAS LIMO, INC.	
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Principal Place of Business 12645 49TH STREET NORTH CLEARWATER, FL 33762	Mailing Address 12645 49TH STREET NORTH CLEARWATER, FL 33762
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02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3141782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CARONONGAN, VINCENT W  
12645 49TH STREET NORTH  
CLEARWATER, FL 33762

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARONONGAN, VINCENT S 12645 49TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARONONGAN, VINCENT S 12645 49TH STREET NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARONONGAN, RICHARD S 12645 49TH ST N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000675335  
03/30/07-80013-022 150.00

**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:  3/19/07 (727-573-5088)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #