

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90081 010 \*\*\*150.00

**DOCUMENT # P05000042783**

1. Entity Name  
**FOUR SEASONS LIMOUSINE INC**



Principal Place of Business  
**6131 NW 33RD WAY  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**6131 NW 33RD WAY  
FORT LAUDERDALE, FL 33309**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-2532559**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VALDMAN, AVRAHAM  
6131 NW 33RD WAY  
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name **ANDRESSA VALDMAN**

Street Address (P.O. Box Number is Not Acceptable)

**6131 NW 33RD WAY**

City **Fort Lauderdale**

**FL**

Zip Code  
**33309**

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

*Andressa Valdman*

*Andressa Valdman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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** ☒ Delete  
NAME **VALDMAN, AVRAHAM**  
STREET ADDRESS **6131 NW 33RD WAY**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **ANDRESSA VALDMAN**  
STREET ADDRESS **6131 NW 33RD WAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 *Andressa Valdman*  
**SIGNATURE**

**4-20-07**  
**DATE**

**954-956-9560**  
**PHONE**

ATTACHMENT  
40075767  
COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Four Seasons Limousine Inc

(Name of Corporation)

**DOCUMENT NUMBER:** P05000042783

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andressa O Valdman

(Name of Person)

Four Seasons Limousine Inc

(Name of Firm/Company)

6131 NW 33rd Way

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Andressa Valdman

(Name of Person)

at ( 954 ) 956-9560

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

ATTACHMENT 40075767

# P05000042783

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Avraham Valdman, hereby resign as President  
(Title)

of Four Seasons Limousine Inc,  
(Name of Corporation)

P05000042783, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314