

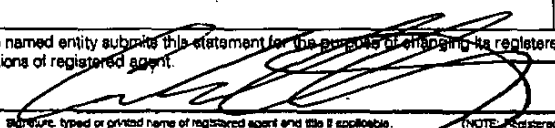
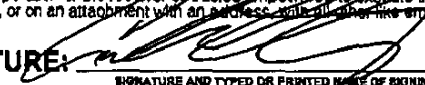
From: ALVAREZ, ASSOCIATES CPA

3054719643

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90388 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000093476					
1. Entity Name R.E.G.O. LIMOUSINE SERVICE INC.					
Principal Place of Business 12121 SW 100 STREET MIAMI, FL 33186			Mailing Address 12121 SW 100 STREET MIAMI, FL 33186		
2. Principal Place of Business 7461 SW 163 CT Suite, Apt. #, etc.		3. Mailing Address 7461 SW 163 CT Suite, Apt. #, etc.			
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number 20-3106946	
Zip 33193		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, CARLOS 12121 SW 100 STREET MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 4/29/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, CARLOS 12121 SW 100 STREET MIAMI, FL 33186 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:  CARLOS ORTIZ			4/28/06 305-345-3757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40075109



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