

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093899

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FIRST FAMILY LIMOUSINE SERVICE, INC.

**Current Principal Place of Business:**

2551 SW MCDONALD STREET  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2551 SW MCDONALD STREET  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 20-3200633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, MICHAEL  
17334 NW 62 CT  
HIALEAH, FL 33015 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALONEY, DEXTER  
Address: 2551 SW MCDONALD STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V ( ) Delete  
Name: MALONEY, ALISON  
Address: 2551 SW MCDONALD STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

**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:** DEXTER MALONEY

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date