


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90864 041 ***150.00

DOCUMENT # P05000102716 1. Entity Name MOSCHETTO LIMO SERVICE, INC.					
Principal Place of Business 9178 SW 22 ST., APT. C BOCA RATON, FL 33428-7735			Mailing Address 9178 SW 22 ST., APT. C BOCA RATON, FL 33428-7735		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 83-0459152			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTIN J. MOSHETTO 9178 SW 22ND ST. APT C BOCA RATON, FL 33428-7735				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD MOSCHETTO, MARTIN J 9178 SW 22ND ST APT C BOCA RATON, FL 334287735		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Martin J. Moschetto			Date 4/21/07 Daytime Phone # 561 2559490		

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85-0459152

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

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XX

MOSCHETTO LIMO SERVICE, INC.

9178

BOC₄

394 NO 1 508 C 00 01/04/07
NOTIFY SEN DER OF NEW ADDRESS
MOSCHETTO
7894 HOFFY CIR
LAKE WORTH FL 33467-7837

EC: 33457783794 *1687-00413-04-35

*** DO NOT SEND A CHECK WITH THE POSTCARD. IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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MOSCHETTO LIMO SERVICE, INC.
9178 SW 22 ST., APT. C
BOCA RATON FL 33428-7735

Note: This is not a change to the address of record.

