

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90017 035 ***158.75

DOCUMENT # P05000163201

1. Entity Name

GM LIMOUSINE, INC.



Principal Place of Business

6170 SWANS TERRACE
COCONUT CREEK FL 33073
US

Mailing Address

6170 SWANS TERRACE
COCONUT CREEK FL 33073
US



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

6170 SWANS TER.

3. Mailing Address

3133 CLINT MOORE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12-107

1st MOORE

CR2E034 (10/06)

City & State

COCONUT CREEK

City & State

BOCA RATON

4. FEI Number

20-3938964

Applied For

Not Applicable

Zip

FL 33073

Country

Zip

FL 33496

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDREA, GEORGETA
6170 SWANS TERRACE
COCONUT CREEK FL 33073

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MEDREA, GEORGETA
STREET ADDRESS 6170 SWANS TERRACE
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE VP ☐ Delete
NAME MEDREA, VICTOR
STREET ADDRESS 6170 SWANS TERRACE
CITY-ST-ZIP COCONUT CREEK FL 33073

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 Section 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:

Victor Moore

MARCH. 8 /07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #