

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013678

FILED  
Apr 21, 2010  
Secretary of State

Entity Name: VISIT AMERICA EXECUITVE LIMOUSINE SERVICES, INC.

**Current Principal Place of Business:**

1508 SW 48TH TER  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

1508 SW 48TH TER  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

PO BOX 150835  
CAPE CORAL, FL 33915 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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  
Name: WILENIUS, YVONNE  
Address: 1508 SW 48TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: V  
Name: WILENIUS, YVONNE  
Address: 1508 SW 48TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: S  
Name: WILENIUS, YVONNE  
Address: 1508 SW 48TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: WILENIUS, YVONNE  
Address: 1508 SW 48TH TER  
City-St-Zip: CAPE CORAL, FL 33914

Title: D  
Name: WILENIUS, YVONNE  
Address: 1508 SW 48TH TER  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: YVONNE WILENIUS

P

04/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date