

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124406

Entity Name: LIMO-PAGES.COM INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

5599 S UNIVERSITY DR SUITE 306  
DAVIE, FL 33328

## New Principal Place of Business:

% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328

## Current Mailing Address:

5599 S UNIVERSITY DR SUITE 306  
DAVIE, FL 33328

## New Mailing Address:

% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328

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

## Name and Address of Current Registered Agent:

CHEDIAK, MIRTA  
5599 S UNIVERSITY DR SUITE 306  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

CHEDIAK, MIRTA  
% SOUTH BROWARD ACCTNG SVCS  
5599 S UNIVERSITY DRIVE ~ STE 306  
DAVIE, FL 33328 US

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: MIRTA CHEDIAK

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHEDIAK, GILBERT A  
Address: 16317 NW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: FEUERHERM, WAYNE  
Address: 3320 HIGH NOONTIDE WAY  
City-St-Zip: ACWORTH, GA 30101

## 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 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: GILBERT CHEDIAK

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date