

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-30-2007 90065 015 ***150.00

DOCUMENT # P06000125006 1. Entity Name CONEXION LIMOUSINE, INC.			
Principal Place of Business 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166		Mailing Address 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166	
2. Principal Place of Business - No P.O. Box # 1400 NW 107 Ave		3. Mailing Address P.O. Box 820814	
Suite, Apt. #, etc. Suite 306		Suite, Apt. #, etc. 	
City & State Miami FL		City & State S. Florida FL	
Zip 33172		Zip 33082	
Country USA		Country USA	
4. FEI Number 20-5665417		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 MONROY, ANDRES F 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166		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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ORTIZ, EDWIN L 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ORTIZ, LEMUEL A 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166	<input type="checkbox"/> Delete	4824 SW 19th way Miami FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ORTIZ, GAMALIEL 8025 N.W. 36TH STREET STE 302 DORAL, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	4832 SW 155th Terr Miami FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	19620 Pines Blvd #220 Pembroke Pines FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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			
Date _____ Daytime Phone # _____			