

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P060001294166 1. Entity Name	
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EL-SHADDAI LIMOUSINE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4576 N.W. 41ST PLACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES, FL		City & State	
Zip 33319	Country	Zip	Country

4. FEI Number 65-1290646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

40103161

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BARBARA FOUST	
	Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET	
	City MIAM GARDENS FL	Zip Code 33056

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT YOLANDE JULES 4576 N.W. 41ST PLACE LAUDERDALE LAKES, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY WILNER CASTELIN 4576 N.W. 41ST PLACE LAUDERDALE LAKES, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2007

Date

Daytime Phone #