

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 024 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P07000107961</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>J C LIMOUSINE CORP   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>4401 NW 113 PLACE<br>DORAL, FL 33178 US   |  |   | <b>Mailing Address</b><br>4401 NW 113 PLACE<br>DORAL, FL 33178 US   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   |  |  |
| Zip   | Country                                    | Zip   | Country   | <b>4. FEI Number</b><br>26-1149770   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |   | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| FRANCO, HECTOR R MR<br>4401 NW 113 PLACE<br>DORAL, FL 33178   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |  |  |
| <b>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 a registered agent.</b>  |  |   |   |  |  |
| SIGNATURE:  |  |   | DATE: 4-9-08  |  |  |
| (NOTE: Registered Agent signature required when reinstating)  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>FRANCO, HECTOR R MR<br><b>STREET ADDRESS</b><br>4401 NW 113 PLACE<br><b>CITY-ST-ZIP</b><br>DORAL, FL 33178  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>P<br><b>NAME</b><br>FRANCO HECTOR MR<br><b>STREET ADDRESS</b><br>4401 NW 113 PLACE<br><b>CITY-ST-ZIP</b><br>DORAL-FL-33178        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>NAPURI, CARMEN<br><b>STREET ADDRESS</b><br>4401 NW 113 PLACE<br><b>CITY-ST-ZIP</b><br>DORAL, FL 33178  | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>Treasurer<br><b>NAME</b><br>NAPURI CARMEN<br><b>STREET ADDRESS</b><br>4401 NW 113 Place<br><b>CITY-ST-ZIP</b><br>DORAL FL 33178   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>SEC<br><b>NAME</b><br>FRANCO, JUAN CARLOS MR<br><b>STREET ADDRESS</b><br>4401 NW 113 PLACE<br><b>CITY-ST-ZIP</b><br>DORAL, FL 33178   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>VP<br><b>NAME</b><br>FRANCO, JUAN CARLOS MR<br><b>STREET ADDRESS</b><br>4401 NW 113 Place<br><b>CITY-ST-ZIP</b><br>DORAL FL 33178 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>Sec<br><b>NAME</b><br>Francisco Carmen<br><b>STREET ADDRESS</b><br>4401 NW 113 Place<br><b>CITY-ST-ZIP</b><br>DORAL FL 33178      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   | HECTOR FRANCO   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date: 1/15/2008   |  |  |
| Daytime Phone #   |  |   | Daytime Phone #   |  |  |