2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P07000127498

Entity Name: CLASSIC CAB AND LIMO SERVICE INC

Current Principal Place of Business:

5447 EDGERTON AVE
LAKEWORTH, FL 33463

New Principal Place of Business:

3700 GEORGIA AVENUE #7
WEST PALM BEACH, FL 33405

Current Mailing Address:

5447 EDGERTON AVE
LAKEWORTH, FL 33463

New Mailing Address:

FEI Number: 26-1480500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMILIEN, MILIEN
5447 EDGERTON AVE
LAKEWORTH, FL 33463 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 ( ) Delete
Name: SIMILIEN, MILIEN
Address: 5447 EDGERTON AVE
City-St-Zip: LAKEWORTH, FL 33462

Title: VP ( ) Delete
Name: DOUCEUR, MATHIEU
Address: 4210 NE 1 TER
City-St-Zip: POMPANO BEACH, FL 33064

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 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: MATHIEU DOUCEUR VP 04/22/2008

Electronic Signature of Signing Officer or Director Date