2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127498

Entity Name: CLASSIC CAB AND LIMO SERVICE INC

POMPANO BEACH, FL 33064

City-St-Zip:

FILED May 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3700 GEORGIA AVENUE #7 WEST PALM BEACH, FL 33405 **Current Mailing Address: New Mailing Address:** 5447 EDGERTON AVE LAKEWORTH, FL 33463 FEI Number: 26-1480500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMILIEN, MILIEN 5447 EDGERTON AVE LAKEWORTH, FL 33463 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SIMILIEN, MILIEN Name: Name: 5447 EDGERTON AVE Address: Address: City-St-Zip: LAKEWORTH, FL 33462 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: DOUCEUR, MATHIEU Name: Address: Address: 4210 NE 1 TER

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 05/07/2009