

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000127498

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** CLASSIC CAB AND LIMO SERVICE INC

**Current Principal Place of Business:**

3700 GEORGIA AVENUE #7  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**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

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:**

**Title:** P  
**Name:** SIMILIEN, MILIEN  
**Address:** 5447 EDGERTON AVE  
**City-St-Zip:** LAKEWORTH, FL 33462

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

I hereby 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 all other like empowered.

**SIGNATURE:** MATHIEU DOUCEUR

VP

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date