

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064473

Entity Name: ASSURED LIMOUSINE, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10579 ARCOLE CT  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

10579 ARCOLE CT  
WELLINGTON, FL 33449

**New Mailing Address:**

FEI Number: 27-3299547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASQUARELLI, LORENZA  
C/O ULLMAN & ULLMAN, P.A.  
150 E PALMETTO PARK RD #650  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

HIRSCH AND COMPANY CPAS INC  
175 W CAMINO REAL  
BOCA RATON, FL 33432 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: DAVID HIRSCH

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ATKINS, DAWN M  
Address: 10579 ARCOLE CT  
City-St-Zip: WELLINGTON, FL 33449

Title: VP  
Name: ATKINS, JAY  
Address: 10579 ARCOLE CT  
City-St-Zip: WELLINGTON, FL 33449

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: DAWN ATKINS

P

04/19/2012

Electronic Signature of Signing Officer or Director

Date