# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2004 8:00 am**
**Secretary of State**
03-31-2004 90029 002 ***150.00

DOCUMENT # P93000077806

1. Entity Name
AFFLUENT LIMOUSINE CORP.

94040249

| Principal Place of Business | Mailing Address |
|---|---|
| 14460 STRATHMORE LANE<br>BG STE 502<br>DELRAY BEACH, FL 33446 | 14460 STRATHMORE LANE<br>BG STE 502<br>DELRAY BEACH, FL 33446 |

02232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0449802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

New Attorney (Elkins + Freedman Attorney At Law
BLODIG, GREGORY J
1630 N. FEDERAL HWY.
FORT LAUDERDALE, FL 32301 2101 W. Commer Cial Blvd Ste 333 09 Ft Lauderdale
(Richard Freedman)

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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 registered agent.

SIGNATURE Mark S. Teller (Pres) 3/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | TELLER, MARK |
| STREET ADDRESS | 14460 STRATHMORE LANE, STE 502 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ORB 561495-5766

**SIGNATURE:** Mark S. Teller 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK TELLER, PRES.

WPB 561686-6949