2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May $0\overline{3}$, $\overline{2004}$ 8:00 am **Secretary of State DOCUMENT # P93000083099** 1. Entity Name 05-03-2004 90452 012 ***158.75 SINCHETTA LIMOUSINE SERVICE, INC. Principal Place of Business Mailing Address 2251 SW 51ST CT 2251 SW 51ST CT FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FE! Number 65-0451824 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GASBODA, TIMOTHY A Street Address (P.O. Box Number is Not Acceptable) 2251 SW 51ST CT FT LAUDERDALE FL 33312 Zip Code 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 JIMOTALIA ON DOTA FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PO □ Delete TITLE NAME GASBODA, TIMOTHY A NAME STREET ADDRESS 2251 SW 51ST CT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-7IP PRESIDENT-VICE VO 🔀 Delete TITLE Change Addition TITLE TIMOTHY A GASBODA WILLS, STACEY M NAME NAME 22515W 51COURT STREET ADDRESS 2251 SW 51ST CT STREET ADDRESS FT. LAUDERDALE, FLORIDA 33310 FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE GASBODA, LINDA N NAME STREET ADDRESS STREET ADDRESS 2251 SW 51ST CT CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered.