


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000082326</b>	
<b>1. Entity Name</b> SIGNATURE LIMOUSINE & BODYGUARD SERVICES, INC.	

<b>Principal Place of Business</b> 8979 SW 40TH ST MIAMI FL 33165 US	<b>Mailing Address</b> 8979 SW 40TH ST MIAMI FL 33165 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 65-0548764	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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<b>CASTRO, MAGGIE</b> <b>8979 SW 40TH ST</b> <b>MIAMI FL 33165</b>	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b> <b>FL</b> <b>Zip Code</b>

**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**

<b>SIGNATURE</b>	<small>Signature typed in printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> CASTRO, MAGGIE <b>STREET ADDRESS</b> 9424 SW 21ST TERRACE <b>CITY-ST-ZIP</b> MIAMI FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <input type="checkbox"/> Delete <b>NAME</b> CASTRO, FREDDY J <b>STREET ADDRESS</b> 10120 S W 26 ST <b>CITY-ST-ZIP</b> MIAMI FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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02/04/05-80042-017 150.00

**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**

<b>SIGNATURE:</b>		<b>DATE</b>	1/18/04
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	