2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM Secretary of State

_	ANNUAL	REPORT	,.		005 00:00 A
DOCU	MENT # P950000963	307		Secret	ary of State
1. Entity Name DIAMOND LIMOUSINE OF VERO BEACH, INC.					
DIAMON	D LIMOUNIZ C. VERCO DE				
Principal Place of Business M		Mailing Address		· .	
636 20TH A VERO BEACH	VE H, FL 32962 US	636 20TH AVE VERO BEACH, FL 32962	JS	 	
				01032005 No Chg-P CR2	a pribe trift setti testeni il inei
: E	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	E034 (10/03) Applied For
				65-0637737	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		Constant of the Constant of th	
MINTZER, BONNIE S			,	DO NOT WRIT	
636 20TH AVE VERO BEACH, FL. 32962		•			
VERCO DE	AOTI, 1 & 02002			IN THIS SPAC	E
	named entity submits this statement for the	te purpose of changing its register	red office or register	ed agent, or both, in the State of Florida. I ar	m familiar with, and accept
-	totte of rogistional agents	·			
SIGNATURE_	Signature, typed or printed name of registered agent and	tale if applicable. (NOTE: Register	ed Agent signature required	when reinstating) DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	. — .	.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	1	the state of the s	
TITLE	P MINTZER, BONNIE S				
NAME STREET ADDRESS	636 20TH AVE		1	*	
CITY-ST-ZIP	VERO BEACH, FL 32962		<u>.</u>		
TITLE	VP		l.	U000001 746 1 01/10/05-8001	9
NAME STREET ADDRESS	MINTZER, MARK A 636 20TH AVE		ł	01/10/05-8001	7-020 158.75
CITY-ST-ZIP	VERO BEACH, FL 32962				
TITLE		"-			
NAME STREET ADDRESS			1		
CITY-ST-ZIP				DO NOT WRIT	E
TITLE				IN THIS SPAC	F
NAME STREET ADDRESS				iit iiiio oi Ao	
CITY-ST-ZIP			ł	ALLEN TO VICTORIAN COMMENT	
TITLE			Kirk III Girmberi Si	 A Light With Control of the Control of	•
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE	<u></u>	<u> </u>		are a first distance with the ex-	
NAME STREET ADDRESS					
WIND THURSDAY			-		

12. I hereby certify that the information supplied with this filling 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.

SIG	NA	TU	RE:
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NO

GNING OFFICER OF DIRECTOR

Mintzer

05 772-

772-569-8896

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Daytime Phone #