2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000096307

1. Entity Name

DIAMOND LIMOUSINE OF VERO BEACH, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

Mail

636 20TH AVE

VERO BEACH, FL 32962

Mailing Address

636 20TH AVE

VERO BEACH, FL 32962 US



01192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0637737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINTZER, BONNIE S 636 20TH AVE VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accep	ot
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND DIREC	TORS	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINTZER, BONNIE S 636 20TH AVE VERO BEACH, FL 32962		1,478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINTZER, MARK A 636 20TH AVE VERO BEACH, FL 32962	01/29/08-80001-012/158.75	4 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	10
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Bonnie Mintzer

1/ 19/08

Daytime Phone #