

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90249 039 ***150.00

DOCUMENT # P96000014427

1. Entity Name
AN EXECUTIVE TOUCH LIMOUSINE SERVICE, INC.



Principal Place of Business
**1040 SW 10 AVE
3
POMPANO BEACH, FL 33069**

Mailing Address
**1040 SW 10 AVE
3
POMPANO BEACH, FL 33069**

40000286



2. Principal Place of Business - No P.O. Box #
3701 NE 27 AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
JAMES

01032007 Chg-P CR2E034 (12/06)

City & State
LIGHTHOUSE POINT
Zip
33064 County
USA

City & State
Zip
Country

4. FEI Number
65-0645683 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, JERRY
1040 SW 10 AVE
SUITE 3
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name **JERRY PEROMAN**
Street Address (P.O. Box Number is Not Acceptable)
3701 NE 27 AVE
City **LIGHTHOUSE POINT FL** Zip Code **33064**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-3-07**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, JERRY 1040 SW 10 AVE SUITE 3 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, JERRY 1040 SW 10 AVE SUITE 3 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FELDMAN JERRY 3701 NE 27 AVE LIGHTHOUSE PT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FELDMAN JERRY 3701 NE 27 AVE LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-3-07** Daytime Phone #