


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 025 ***150.00

DOCUMENT # P96000066817		
1. Entity Name STAIANO LIMOUSINE SERVICE, INC.		

Principal Place of Business 13940 ANONA HGHT DR. 16 LARGO, FL 33774	Mailing Address 13940 ANONA HGHT DR. 16 LARGO, FL 33774
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3429810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
STAIANO, RALPH 10407 IMPERIAL POINT DR WEST LARGO, FL 33774	

7. Name and Address of New Registered Agent	
Name <u>RALPH STAIANO</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>13940 ANONA HGHT DR #16</u>	
City <u>LARGO</u>	FL <u>33774</u>

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 <u>Ralph Staiano</u>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIANO, RALPH 10407 IMPERIAL POINT DR WEST LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RALPH STAIANO</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>13940 ANONA HGHT DR #16</u> <u>LARGO FL 33774</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>Ralph Staiano</u>	Date <u>1-25-07</u>