

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90045 020 ***150.00

DOCUMENT # P98000085032

1. Entity Name

DELUXE LIMOUSINE, INC.



Principal Place of Business

12269 SW 50TH PLACE
COOPER CITY FL 33330

Mailing Address

12269 SW 50TH PLACE
COOPER CITY FL 33330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0867403

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLANGELO, RICHARD A
11505 N.E. 22ND DRIVE
N MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

12269 SW 50TH PLACE

City
COOPER CITY

FL

Zip Code
33330

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

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD ☐ Delete
NAME: COLANGELO, RICHARD A
STREET ADDRESS: 11505 N.E. 22ND DRIVE
CITY-ST-ZIP: N MIAMI FL 33181

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 12269 SW 50TH PLACE
CITY-ST-ZIP: COOPER CITY, FLA 33330

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard A. Colangelo* RICHARD A. COLANGELO BOB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/28/06 Daytime Phone: 561-222-5555