2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2007 08:00 All Secretary of State DOCUMENT # P98000085032 1. Entity Namo DELUXE LIMOUSINE, INC. Principal Place of Business Mailing Address 12269 SW 50TH PLACE COOPER CITY FL 33330 12269 SW 50TH PLACE COOPER CITY FL 33330 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0867403 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLANGELO, RICHARD A 12269 SW 56TH PL Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33330 City Zip Code 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 DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete IIILE DILE Change ☐ Addition COLANGELO, RICHARD A NAME NAME U00000692307 12269 SW 50TH PL STREET ADDRESS STREET ADDRESS 04/13/07-80046-015 150.00 FORT LAUDERDALE FL 33330 CITY ST ZIP CITY-ST-ZIP 1010 ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY+ST-ZIP HHE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED