


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90016 026 ***150.00

DOCUMENT # P99000011329 1. Entity Name ANGEL LIMOUSINE SERVICE, INC.					
Principal Place of Business 10321 WELLEBY ISLES LANE SUNRISE, FL 33351			Mailing Address 10321 WELLEBY ISLES LANE SUNRISE, FL 33351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0898162	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FADAINAZARI, ALIASGHAR 10321 WELLEBY ISLES LANE SUNRISE, FL 33351				Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FADAINAZARI, ALIASGHAR 10321 WELLEBY ISLES LANE SUNRISE, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-18-06 Daytime Phone #: 954-7460522		



ATTACHMENT

40037551

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

ANGEL LIMOUSINE SERVICE, INC.
10321 WELLEBY ISLES LANE
SUNRISE, FL 33351

SUBJECT: ANGEL LIMOUSINE SERVICE, INC.
Ref. Number: P99000011329

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 706A00013276

ATTACHMENT

#P99000011329

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/21/2005
PRODUCER (800)333-7754 FAX (321)757-6182 Rodes-Roper-Love Insurance Agency 158 N. Harbor City Blvd. Melbourne, FL 32935		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED ANGEL LIMOUSINE SERVICE, INC. 10321 WELLEY ISLES LN. SUNRISE, FL 33351		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: SCOTTSDALE INSURANCE		
INSURER B: NORTHLAND INSURANCE CO.		09372
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ACCT. LTR. MARK	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	OPS0039043	11/24/2004	11/24/2005	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE - <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/PROP AGG \$
B	AUTOMOBILE LIABILITY	TP228178	11/24/2004	11/24/2005	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED?				OTH-ER \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO OPERATIONS OF NAMED INSURED ONLY:

2004 LINCOLN 120" STRETCH LIMOUSINE 1L1FM81W74Y660086

2005 CHRYSLER 300C 120" STRETCH LIMOUSINE 2C3JA53G05H682019

CERTIFICATE HOLDER

CANCELLATION

MIAMI-DADE AVIATION DEPT.
LANDSIDE FACILITIES
P.O. BOX 592075
MIAMI, FL 33159

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Kimberlee Orwig/LHW

Kimberlee Orwig