2006 FOR PROFIT CORPORATION

Mar 24, 2006 8:00 am Secretary of State ANNUAL REPORT . . . DOCUMENT # P99000011329 03-24-2006 90016 026 ***150.00 1. Entity Name ANGEL LIMOUSINE SERVICE, INC. Principal Place of Business Mailing Address 10321 WELLEBY ISLES LANE 10321 WELLEBY ISLES LANE SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0898162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . ;• 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FADAINAZARI, ALIASGHAR Street Address (P.O. Box Number is Not Acceptable) 10321 WELLEBY ISLES LANE SUNRISE, FL 33351 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME FADAINAZARI, ALIASGHAR NAME STREET ADDRESS 10321 WELLEBY ISLES LANE STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change المستخدم المستحد المستحد المستحد ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ 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 office or of inector of the corporation or the receiver of 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.

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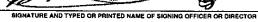
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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 %

RightFax

ATTACHMENT

Fax	Server 4003755
	4000 <u>(00</u>

ACORD CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 11/21/2005	
				FAX (321)757-6182	THIS CER	THIS CERTIFICATE IS ISSUED AS A MATTER OF IN			
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In	sur	anc	e Agency				TE DOES NOT AMEND FFORDED BY THE POI		
			arbor City Blvd.					NAIC#	
Melbourne, FL 32935 NEURED ANGEL LINOUSINE SERVICE, INC. 10321 WELLEBY ISLES LN.						INSURERS AFFORDING COVERAGE INSURER A SCOTTSDALE INSURANCE INSURER B. NORTHLAND INSURANCE CD.			
									
									
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				•	EXPIRATION	EXPRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL. 30 DAYS WRUTTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
		MTA	MT_DADE AVTATION DE	or .					
MIAMI-DADE AVIATION DEPT. LANDSIDE FACILITIES P.O. BOX 592075 MIAMI, FL 33159						BUT FABLURE TO MAD. SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABLITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Kindle Piles Orwig (/ MW)			
			•		Kimberlee	Orwig/LMW	of sometime	7	