2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074939

1. Entity Name
PLATINUM LIMOUSINES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1751 S DIXIE HWY UNITS 1-4 & 42-44 POMPANO BEACH, FL 33060	1201 SW 26TH AVENUE STE #110 POMPANO BEACH, FL 33069

03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0944047

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, CHARLES
1201 SW 26TH AVE
STE 110
POMPANO BEACH, FL 33069

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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: C Schwartz 5/10/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, CHARLES
STREET ADDRESS	1201 SW 26TH AVENUE #110
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	SCHWARTZ, CYNTHIA
STREET ADDRESS	1201 SW 26TH AVE. SUITE# 110
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	O
NAME	SCHWARTZ, C
STREET ADDRESS	1201 SW 26TH AVE SUITE# 110
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	O
NAME	SCHWARTZ, C
STREET ADDRESS	1201 SW 26TH AVE. SUITE#110
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	O
NAME	SCHWARTZ, C
STREET ADDRESS	1201 SW 26TH AVE. SUITE#110
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	O
NAME	SCHWARTZ, C
STREET ADDRESS	1201 SW 26TH AVE SUITE#110
CITY-ST-ZIP	POMPANO BEACH, FL 33069

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07/01/04-80002-017 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C Schwartz 5/10/04 954-785-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #