2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# P99000074939

Entity Name: PLATINUM LIMOUSINES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1751 S DIXIE HWY
UNITS 1-4 & 42-44
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

2810 NE 9TH COURT
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0944047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, CHARLES
2810 NE 9TH CT
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHWARTZ, CHARLES
Address: 2810 NE 9TH CT
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: SCHWARTZ, C
Address: 1201 SW 26TH AVE. SUITE# 110
City-St-Zip: POMPANO BEACH, FL 33069

Title: O ( ) Delete
Name: SCHWARTZ, C
Address: 1201 SW 26TH AVE SUITE# 110
City-St-Zip: POMPANO BCH, FL 33069

Title: O ( ) Delete
Name: SCHWARTZ, C
Address: 1201 SW 26TH AVE. SUITE#110
City-St-Zip: POMPANO BEACH, FL 33069

Title: O ( ) Delete
Name: SCHWARTZ, C
Address: 1201 SW 26TH AVE. SUITE#110
City-St-Zip: POMPANO BEACH, FL 33069

Title: O ( ) Delete
Name: SCHWARTZ, C
Address: 1201 SW 26TH AVE SUITE#110
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C SCHWARTZ D 05/14/2007

Electronic Signature of Signing Officer or Director Date