


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V07695 1. Entity Name HIGH SOCIETY CHAUFFEURING CORP.	
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Principal Place of Business 3550 GALT OCEAN DR. APT. 305 FT. LAUDERDALE, FL 33308	Mailing Address 3550 GALT OCEAN DR. APT. 305 FT. LAUDERDALE, FL 33308
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0308755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLOMON, HARRIS K. BRINKLEY MCNERNEY MORGAN & SOLOMON 200 EAST LAS OLAS BLVD., STE. 1800 FT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE

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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U000000313102

04/18/05 00111 806 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELLER, MARK 3550 GALT OCEAN DR., #305 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GELLER, CAROL 5100 N OCEAN BLVD #402 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELLER, INEZ 3550 GALT OCEAN DR., #305 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark H. Geller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

Daytime Phone # _____