2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V17367

1. Entity Name

UPTOWN LIMOUSINE SERVICE, INC.



Principal Place of Business

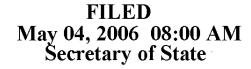
Mailing Address

1531 N.W. 3RD STREET

1531 N.W. 3RD STREET STE. 10

STE. 10 DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 33442





DO NOT WRITE IN THIS SPACE

05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0335538

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEETAI, CAROL S 1531 N.W. 3RD ST. SUITE 10

DO NOT WRITE IN THIS SDACE

DEERFIELD BEACH, FL 33442			IN THIS SPACE		
	ions of registered agent,				th, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	d Agent signature	required when reinstaling)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Finan Trust Fund Contribution.	icing 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEETAI, CAROL 1531 NW 3RD ST SUITE 10 DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000562186 05/19/06-80046-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME			1		

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 of trustee of powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CAROL SEE TAIT