


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # G40885
 1. Entity Name
NOVA CAB CO.



Principal Place of Business Mailing Address
2222 NW 22ND CT **2222 NW 22ND CT**
P.O BOX 421421 **P O BOX 421421**
MIAMI, FL 33142 **MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0129178	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

VAZQUEZ, HIGINIO
2211 N.W. 22ND COURT
MIAMI, FL 33142

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, HIGINIO 943 SW 9TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAZQUEZ, ELIZA 943 SW 9TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAZQUEZ, CARLOS A. 943 SW 9TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000677243
 03/30/07-80096-012 150.00

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 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **3/26/07** Daytime Phone #: **(305) 633-9200**