

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027784

FILED
Jun 17, 2009
Secretary of State

Entity Name: AMBASSADOR TAXI SERVICE, INC.

Current Principal Place of Business:

201 W SUNRISE BLVD
SUITE 101
FRT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

8240 SW 11TH ST.
N. LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 32-0009307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, FRANTZ
8240 SW 11TH ST.
N. LAUDERDALE, FL 33068 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: P () Delete
Name: PIERRE, FRANTZ
Address: 8240 SW 11TH ST.
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D () Delete
Name: CADET, GERLYN L
Address: 1906 SW 8TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP () Delete
Name: KAVANAGHT, DICKENS
Address: 6505 EMERALD LAKE DR
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: DUVRA, LENIERE
Address: 5516 NW SCEPTER DRIVE
City-St-Zip: PORT-SAINT LUCIE, FL 34983

Title: SEC () Delete
Name: PIERRE, FRANTZ
Address: 8240 SW 11TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: TRES () Delete
Name: KAVANAGHT, DICKENS
Address: 6505 EMERALD LAKE DR
City-St-Zip: MIRAMAR, FL 33023

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: DICKENS KAVANAGHT

TRES

06/17/2009

Electronic Signature of Signing Officer or Director

_____ Date