

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000103854**  
 1. Entity Name  
**WEST COAST TAXI, INC.**



Principal Place of Business      Mailing Address  
 3700 GEORGIA AVE.                      602 52ND STREET  
 MAIL BOX 32, SUITE 16                  WEST PALM BEACH, FL 33407  
 WEST PALM BEACH, FL 33405

**DO NOT WRITE IN THIS SPACE**



04272006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
**02-0706444**                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOUISDORT, LISSA  
 740 52ST  
 W.P.B., FL 33407

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LOUISDORT, LISSA
STREET ADDRESS	740 52ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	JOSEPH, ANESSON
STREET ADDRESS	740 52ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	PIERRE, ENRY
STREET ADDRESS	740 52ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/11/06-80003-014 150.00

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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: Lissa Louisdort      4/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #