


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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



Principal Place of Business
 3700 GEORGIA AVE.
 MAIL BOX 32, SUITE 16
 WEST PALM BEACH, FL 33405

Mailing Address
 602 52ND STREET
 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



04212007 No Chg-P CR2E034 (11/05)

4. FEI Number
 02-0706444

Applied For
 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 renoting)

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

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

U00000732963
 05/09/07-80068-005 150.00

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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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: Amesson Joseph Date: 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #