## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000096143

## FILED Apr 25, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Name R & C TAXI TECHNOLOGIES CORP.									04-25-200	90150	1041 ***	150.00		
Principal Place of Business 473 EAST 39 STREET HIALEAH, FL 33013				Mailing Address 473 EAST 39 STREET HIALEAH, FL 33013					SBUD 18811 CERT SBUR 62	711 <b>20</b> 11 <b>9 15</b> 719 1	ANDI MEN GIRED	1137 <b>46</b> 12 fo ( <b>46</b> 1)		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	04102008	Çhg-P	CR2E0	034 (12/06)	١.		
City & State				City & State				4. FEI Number 26 -	0818192		<del></del>	pplied For ot Applicable		
Zip	ę.		4	Zip	itry		5. Certificate of Status Desired .   \$8.75 Additional Fee Required							
	6. Name	and Address of C	Current Rec	sistered Agent		Name		7. Name and	Address of New F	Registered	Agent			
ESQUIVEL, RAMON N 473 EAST 39 STREET						Name Street Address (P.O. Box Number is Not Acceptable)								
HIALEAH, FL 33013									· · · · · · · · · · · · · · · · · · ·					
						City			<del></del> .	FL	- 1			
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.	Signature, typed	or printed name by registe	ered agent and t	tie if applicable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.						ncing	<b>\$5.</b> Adde	00 May Be ed to Fees .	-	-				
10.		OFFICE	RS AND DIR	ECTORS	11.			ADDITIONS/	CHANGES TO OFF	TCERS AND	DIRECTOR	S IN 11		
TITLE NAME	PD	I DAMON N		☐ Delete	TITLE						☐ Change	Addition		
STREET ADDRESS	ESQUIVEL, RAMON N .: 473 EAST 39 STREET:					ET ADDRESS								
CITY-ST-ZIP	HIALEAH, FL 33013					-ST-ZIP								
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CITY-ST-ZIP						ST-ZIP		<u> </u>						
<ol> <li>I hereby of indicated of the corp changed.</li> </ol>	ertify that the on this report poration or the or on an atta-	information suppli or supplemental ri- a receiver or truste chinent with an ad-	ied with this eport is true ee empowerd dress; with a	filing does not qualify for and accurate and that m ed to execute this report a all other like empowered.	the exe y signati is requir	mptions con ure shall have ed by Chapte	e me sa er 607	arne legal effect Florida Statutes	as it made under o ; and that my name	eath; that I a pappears in	m an officer Block 10 or	or director Block 11 if		
		5.8	indicated on this report or supplemental report is true and accordate 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 prustee 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:  04/22/08  (786) 5/4-2466											