

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029482

Entity Name: A A FIFTH AVENUE TAXI, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

606 GLADIOLA ST., UNIT 565
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

606 GLADIOLA ST., UNIT 565
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 90-0353992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEST, TIMOTHY
110 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

TEST, TIMOTHY
702 N COURTENAY PARKWAY
MERRITT ISLAND, FL 32953 US

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: TIMOTHY TEST

05/01/2009

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: PDT () Delete
Name: MIHALEK, ROBERT
Address: 630 BREVARD AVE., #202
City-St-Zip: COCOA, FL 32922

Title: VSD () Delete
Name: GEDULIG, TRACY
Address: 630 BREVARD AVE., #202
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT MIHALEK

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date