


**2008 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-08-2008 90016 010 ***150.00

DOCUMENT # P97000094246

1. Entity Name
CHECKER CAB, INC.



Principal Place of Business 2222 N.W. 22ND CT P.O. BOX 421421 MIAMI, FL 33142	Mailing Address 2222 N.W. 22ND CT P.O. BOX 421421 MIAMI, FL 33142
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66013256



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0845762	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VAZQUEZ, CARLOS A
2222 N.W. 22ND CT
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, CARLOS A 2222 NW 22ND CT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, HIGINIO 2222 NW 22ND CT MIAMI, FL 33142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **5-30-08**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DAYTIME PHONE #