## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2007 8:00 am DOCUMENT # V38440 **Secretary of State** 03-16-2007 90028 007 \*\*\*150.00 TREASURE COAST TAXI INCORPORATED Principal Place of Business Mailing Address 1802 BURGANDY LANE PORT ST. LUCIE FL 34952 1802 BURGANDY LANE PORT ST. LUCIE FL 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite Apt. # etc. CR2E034 (10/06) 1st MOORE City & Stato City & State Applied For 4. FEI Number 65-0376666 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANAZ HOSEIN HOSEIN, DHANMATEE Street Address (P.O. Box Number is Not Acceptable) 1802 SE BURGUNOY LANE 1802 SE BURGUNDY LANE PORT ST. LUCIE FL 34952 CIN PORT ST. LUCIE 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. PRESIDENT mony (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registers FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Intri Addition TITLE HOSEIN, SHANAZ NAME 1802 BURGUNDY LANE STRULL ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY SI-7IP CITY ST 7IP Delete □ Change ■ Addition TITLE HOSEIN, DHANMATEE NAME 1802 BURGANDY LANE STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34952 CITY - ST - ZIP CITY ST-ZIP ☐ Delete 11111 ☐ Change ■ Addition HHE NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHY ST ZIP ☐ Change Delete DHI ☐ Addition NAME NAM STRUET ADDRESS STREET LADDRESS CHY ST ZIP CITY ST 7IP ☐ Delete HHI Change Addition NAME SIBLET ADDRESS STREET ADDRESS CHY ST ZIP CHY-SI-ZIP Delete mu ☐ Chance ■ Addition TITLE NAME STRUET ADDRESS STREET ADORESS CHY ST ZIP CHY-ST-7IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 offect as if made under oath; that 1 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 1 ke empowered.

FILED