

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000099001

Entity Name: CMA TAXI, INC.

Current Principal Place of Business:

339 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

339 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 27-1597172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHKOLNIK, ALEXANDER
339 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SHKOLNIK, ALEXANDER
Address 339 POINCIANA ISLAND DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP
Name SHKOLNIK, ALLA
Address 339 POINCIANA ISLAND DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name SHKOLNIK, ALEXANDER
Address 339 POINCIANA ISLAND DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SECRETARY
Name SHKOLNIK, ALEXANDER
Address 339 POINCIANA ISLAND DRIVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER SHKOLNIK

PRESIDENT

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date