

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000057474

Entity Name: MIAMI BEACH WATER TAXI, INC**Current Principal Place of Business:**555 NE 15TH STREET
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MIAMI, FL 33132**Current Mailing Address:**555 NE 15TH STREET
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MIAMI, FL 33132 US**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIMPSON, MICHAEL
555 NE 15TH STREET
102
MIAMI, FL 33132 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 SIMPSON, MICHAEL
Address 925 W 47TH COURT
City-State-Zip: MIAMI BEACH FL 33140Title O
Name GOIHMAN, RICHARD
Address 6000 ISLAND BOULEVARD #2901
City-State-Zip: AVENTURA FL 33160Title O
Name GAZIT, OFER
Address 6750 NW 22 TERRACE
City-State-Zip: FORTH LAUDERDALE FL 33309Title VP
Name VLESSING, MAXIM
Address 244 BISCAYNE BLVD APT 2708N
City-State-Zip: MIAMIA FL 33132Title O
Name SHOSHAN, GUY
Address 715 NE 25TH AVENUE
City-State-Zip: POMPANO BEACH FL 33062Title SECR
Name YOGEV, ACHIKAM
Address 2040 NE 198 TERRACE
City-State-Zip: MIAMI FL 33179

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: VLESSING, MAXIM**MANAGER OPERATOR****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date