


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 119701</b> 1. Entity Name <b>YELLOW CAB COMPANY OF MIAMI</b>	
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Principal Place of Business <b>3111 NW 27TH AVENUE MIAMI, FL 33142 US</b>	Mailing Address <b>P.O. BOX 420769 MIAMI, FL 33242 US</b>
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**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-P CRZE034 (11/05)

4. FEI Number <b>65-0186814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CANDIDIO, HERNANDEZ  
3111 NW 27TH AVE  
MIAMI, FL 33142**

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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 HERNANDEZ, CANDIDO 3111 NW 27TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOPEZ, ORLANDO 3111 NW 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HERNANDEZ, GILBERTO 3111 NW 27TH AVENUE MIAMI, FL 33142
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04/13/06-80022-017 150.00

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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: Orlando Lopez V 3.27.06 305.888.7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #