2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
03-29-2005 90020 003 ***150.00

66012396

01052005 No Chg-P CR2E034 (10/03)

DOCUMENT # 158513

1. Entity Name
CHECKER CAB OPERATORS, INC.

Principal Place of Business	Mailing Address
3111 NW 27TH AVENUE MIAMI, FL 33142 US	P.O. BOX 420769 MIAMI, FL 33242 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0186398
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, CANDIDO
3111 NW 27 AVE
MIAMI, FL 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, CANDIDO
STREET ADDRESS	3111 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	LOPEZ, ORLANDO
STREET ADDRESS	3111 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	HERNANDEZ, GILBERTO
STREET ADDRESS	3111 NW 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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. 4.15.2005 3058887777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #