

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168698

FILED  
May 02, 2007  
Secretary of State

Entity Name: YELLOW CAB COMPANY OF TAMPA, INC.

## Current Principal Place of Business:

502 N OREGON AVE  
P.O. BOX 1748  
TAMPA, FL 33601

## New Principal Place of Business:

4413 N. HESPERIDES ST  
TAMPA, FL 33614

## Current Mailing Address:

502 N OREGON AVE  
P.O. BOX 1748  
TAMPA, FL 33601

## New Mailing Address:

P.O. BOX 1748  
TAMPA, FL 33601

FEI Number: 59-0677452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINARDI, GLENN A  
502 N. OREGON AVE.  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

MINARDI, GLENN A  
4413 N. HESPERIDES ST.  
TAMPA, FL 33614 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:

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: MINARDI, LOUIS A PD  
Address: 502 N. OREGON AVE.  
City-St-Zip: TAMPA, FL, FL 33606

Title: STD ( ) Delete  
Name: MINARDI, GLENN A STD  
Address: 502 N. OREGON AVE.  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: MINARDI, JOSEPH  
Address: 502 N OREGON  
City-St-Zip: TAMPA,, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: MINARDI, LOUIS A PD  
Address: 4413 N .HESPERIDES ST.  
City-St-Zip: TAMPA, FL, FL 33614

Title: STD (X) Change ( ) Addition  
Name: MINARDI, GLENN A STD  
Address: 4413 N. HESPERIDES ST.  
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change ( ) Addition  
Name: MINARDI, JOSEPH  
Address: 4414 N. HESPERIDES ST.  
City-St-Zip: TAMPA,, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLENN MINARDI

SEC.

05/02/2007

Electronic Signature of Signing Officer or Director

Date