

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-29-2005 90020 004 ***150.00

DOCUMENT # 239928 1. Entity Name B & S TAXI CORP.	
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Principal Place of Business 3111 N.W. 27TH AVE MIAMI, FL 33142	Mailing Address P.O. BOX 420769 MIAMI, FL 33242
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DO NOT WRITE IN THIS SPACE

66012395



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0186397	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 33142

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME HERNANDEZ, CANDIDO
STREET ADDRESS 3111 N.W. 27TH AVE	CITY - ST - ZIP MIAMI, FL 33142
TITLE V	NAME LOPEZ, ORLANDO
STREET ADDRESS 3111 N.W. 27TH AVE	CITY - ST - ZIP MIAMI, FL 33142
TITLE TD	NAME PIERRE-LOUIS, FERNAND
STREET ADDRESS 3111 N.W. 27TH AVE	CITY - ST - ZIP MIAMI, FL 33142
TITLE S	NAME HERNANDEZ, GILBERTO
STREET ADDRESS 3111 N.W. 27TH AVE	CITY - ST - ZIP MIAMI, FL 33142
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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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.* *4-22-2005 305 888 7777*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #