

\$150

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

05 FEB 28 AM 10:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02252005 Chg-P CR2E034 (10/03) *MRB*



**DOCUMENT # 257736**  
 1. Entity Name  
**CITY TAXI CAB SYSTEM, INC.**

Principal Place of Business: **2070 WESTWARD DR MIAMI SPRINGS, FL 33166**  
 Mailing Address: **2070 WESTWARD DR MIAMI SPRINGS, FL 33166**

2. Principal Place of Business: **3600 N.W. 37 Court**  
 3. Mailing Address: **3600 N.W. 37 Court**

Suite, Apt. #, etc.

City & State: **Miami, Florida**

Zip: **33142** Country: **USA**

4. FEI Number: **59-0971140**  
 Applied For:  Not Applicable

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

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

**STANZELLA, VERDEENA**  
**2070 WESTWARD DR**  
**MIAMI SPRINGS, FL 33166-4915**

### 7. Name and Address of New Registered Agent

Name: **A Garcia**  
 Street Address (P.O. Box Number is Not Acceptable): **3600 N.W. 37 Court**  
 City: **Miami** State: **FL** Zip Code: **33142**

8. The above named entity admits 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: *[Signature]* DATE: **02/25/05**

**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	<input checked="" type="checkbox"/> Delete
NAME	STANZELLA, VERDEENA	
STREET ADDRESS	2070 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS, FL 331664915	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIBBY, MARTIN	
STREET ADDRESS	4023 OAK RUN	
CITY-ST-ZIP	HUMBLE, TX 77396	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUPUS, JOY	
STREET ADDRESS	715 WEST 50TH ST	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIBBY, RONI	
STREET ADDRESS	4023 OAK RUN	
CITY-ST-ZIP	HUMBLE, TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIBBY, ROGER	
STREET ADDRESS	44529 90TH ST. EAST	
CITY-ST-ZIP	LANCASTER, CA	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A Garcia	
STREET ADDRESS	3600 N.W. 37 Court	
CITY-ST-ZIP	Miami, Florida 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**000048442050**  
**03/15/05--01027--022 \*\*950.00**

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: *[Signature]* DATE: **02/25/05** DAYTIME PHONE #