

\$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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D	A Garcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3600 N.W. 37 Court		
CITY-ST-ZIP: Miami, Florida 33142		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR