

\$150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 278267

1. Entity Name  
GRAY CAB COMPANY



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR -6 AM 11:52

Principal Place of Business  
4646 NW 17TH AVE  
MIAMI, FL 33142 US

Mailing Address  
3260 NORTHWEST 45 ST  
MIAMI, FL 33142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

*MRS*

City & State

City & State

4. FEI Number

59-1109850

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ERNEST  
3260 N.W. 45TH ST.  
MIAMI, FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 JOHNSON, ERNEST ☐ Delete  
STREET ADDRESS 3260 N.W. 45TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE SD  
NAME JOHNSON, ELDRICK ☐ Delete  
STREET ADDRESS 3260 N.W. 45TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE V  
NAME BENEDIQUE, HYPOLITE ☐ Delete  
STREET ADDRESS 425 N.E. 173 ST.  
CITY-ST-ZIP N. MIAMI, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ernest Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4

6

04

Date

Daytime Phone #