

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 278267

1. Entity Name
GRAY CAB COMPANY



FILED

08 FEB -8 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1109850

Applied For
Not Applicable

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, 2008 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 800118352558
STREET ADDRESS 02/19/08--01050--003 **863.75
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained 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 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

2/8/08

Date

324-551-0098

Daytime Phone #