

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 278267

FILED
Mar 19, 2009
Secretary of State

Entity Name: GRAY CAB COMPANY

Current Principal Place of Business:

4646 NW 17TH AVE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

3260 NORTHWEST 45 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-1109850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, ERNEST
Address: 3260 N.W. 45TH STREET
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: JOHNSON, ELDRICK
Address: 3260 N.W. 45TH STREET
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: BENEDIQUE, HYPOLITE
Address: 425 N.E. 173 ST.
City-St-Zip: N. MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST JOHNSON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date