

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 303836

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** CITY CAB COMPANY OF FT LAUDERDALE INC

**Current Principal Place of Business:**

728 NW 6 AVE  
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 967  
FT LAUDERDALE, FL 333020967 US

**New Mailing Address:**

**FEI Number:** 59-0909335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASALE, RICHARD A PRES  
728 NW 6TH AVE  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

CASALE, ROSANNE D PRES  
728 NW 6TH AVE  
FT. LAUDERDALE, FL 33311 US

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: ROSANNE D CASALE

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASALE, ROSANNE D  
Address: 1271 NW 95 AVE  
City-St-Zip: PLANTATION, FL 33322 US

I hereby 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 all other like empowered.

SIGNATURE: ROSANNE D CASALE

PD

03/20/2012

Electronic Signature of Signing Officer or Director

Date