

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492146

Entity Name: MAXI-TAXI OF FLORIDA, INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

5910 TAYLOR ROAD
STE 108, 109, 110
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5910 TAYLOR ROAD
STE 108, 109, 110
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-1635454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRO, LISA A MRS.
3291 64TH STREET SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MASTRO, TODD A MR.
3291 64TH STREET SW
NAPLES, FL 34105 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: TODD A. MASTRO

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MASTRO, LISA
Address: 5910 TAYLOR RD, UNIT 110
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: MASTRO, TODD
Address: 5910 TAYLOR RD UNIT 110
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LISA MASTRO

S

04/16/2007

Electronic Signature of Signing Officer or Director

Date