158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2005 8:00 am
Secretary of State
02-21-2005 90057 044 ***158.75

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # 592217

1. Entity Name
MARGATE TAXI INC.

Principal Place of Business	Mailing Address
4277 CARAMOLA CIR. COCONUT CREEK, FL 33066	~~4272 CARAMBOLA CIRCLE SOUTH~~ COCONUT CREEK, FL 33066 US
2. Principal Place of Business: 11169 SANGRIA CT.	3. Mailing Address: 11169 SANGRIA CT.
Suite, Apt. #, etc.: BOCA RATON FL.	Suite, Apt. #, etc.: BOCA RATON FL
City & State: 33498 USA	City & State
Zip / Country	Zip: 33498 Country: USA

4. FEI Number: 59-1958457 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENNETT, ELAINE
4277 CARAMBOLA CR.
COCONUT CREEK, FL 33066

7. Name and Address of New Registered Agent
Name: Elaine H. Bennett
Street Address (P.O. Box Number is Not Acceptable): 11169 SANGRIA CT.
City: BOCA RATON FL Zip Code: 33498

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: Elaine H. Bennett, President 3-11-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BENNETT, ELAINE ADDRESS ~~4277 CARAMBOLA CIR.~~ CHANGE ~~COCONUT CREEK, FL~~ TREASURER ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRESIDENT Bennett, Elaine 11169 SANGRIA CT. BOCA RATON FL 33498 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOE BALDWIN 11169 SANGRIA CT. BOCA RATON FL. 33498 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY 11169 SANGRIA CT. BOCA RATON FL. 33498 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Elaine H. Bennett 3/11/05 561-852-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #