2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F11883 1. Entity Name YELLOW CAB MAXI-TAXI COMPANY



Principal Place of Business

3600 NW 37 COURT MIAMI, FL 33142-4966 Mailing Address

3600 NW 37 COURT MIAMI, FL 33142-4966

FILED Feb 07, 2005 8:00 am Secretary of State

02-07-2005 90047 013 ***150.00

20040441



	DO	NOT	WRITE	IN	THIS	SP	ACF
--	----	-----	-------	----	------	----	------------

01152005 NO C	ily-r Onzi	CH2E034 (10/03)			
4. FEI Number		Applied For			
NOT APPLICAT	3LE	Not Applicable			
5. Certificate of Status	Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

SMITH, C 3600 NW 37 COURT MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

the obligation	WHICH I TO A TO A CONTROL OF THE SALES OF THE	que a robalta en ar	GV	The state of	STID. C. GUST GT. C. G. GOT	<u>K 13 - 35 5 1</u> 3 41 01 - 3 3 4 1 3
1	ALL SECTION OF THE SE	San	of the officers	in the comment of the	ted of the transfer of	<u> </u>
	NOW!!! FEE IS \$150.00 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
STREET ADDRESS 3	SMITH, C. 1600 NW 37 COURT MAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME	- - :			DO	NOT WRITE	ي معادر سبي.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS : CITY-ST-ZIP		LI EF 22m C mpale (* r.c.) Li ** Lam ** n ke me i		19 Mary Des Navy Artenia		
12. I hereby cer	rtify that the information supplied with this f	iling does not qualify for the exer	mption state	d in Section 119.07(3	(i), Florida Statutes. I further certify that	t the information

real meleby certify that the mormation supplied with this information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-4-04

Date

Daytime Phone #