

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47066

FILED
May 02, 2007
Secretary of State

Entity Name: CHECKER CAB COMPANY OF TAMPA, INC.

Current Principal Place of Business:

502 N OREGON
P.O.BOX 1748
TAMPA, FL 33601

New Principal Place of Business:

4413 N. HESPERIDES ST
TAMPA, FL 33614

Current Mailing Address:

502 N OREGON
P.O.BOX 1748
TAMPA, FL 33601

New Mailing Address:

PO BOX 1748
TAMPA, FL 33601

FEI Number: 59-2353438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINARDI, GLENN A STD
502 N OREGON
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MINARDI, GLENN A STD
4413 N. HESPERIDES ST
TAMPA, FL 33614 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: GLENN MINARDI

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: MINARDI, LOUIS A
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL 33606

Title: STD () Delete
Name: MINARDI, GLENN
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL 33606

Title: D () Delete
Name: MINARDI, JOSEPH
Address: 502 N OREGON
City-St-Zip: TAMPA,, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: MINARDI, LOUIS A
Address: 4413 N. HESPERIDES ST
City-St-Zip: TAMPA,, FL 33614

Title: STD (X) Change () Addition
Name: MINARDI, GLENN
Address: 4413 N. HESPERIDES ST
City-St-Zip: TAMPA,, FL 33614

Title: D (X) Change () Addition
Name: MINARDI, JOSEPH
Address: 4413 N. HESPERIDES ST
City-St-Zip: TAMPA,, FL 33614

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: GLENN MINARDI

SEC

05/02/2007

Electronic Signature of Signing Officer or Director

Date