## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # G62404 1. Entity Name TAXICAB 1764, INC. Principal Place of Business 3642 NW 22ND AVE MIAMI, FL 33142 US Mailing Address 3642 NW 22ND AVE MIAMI, FL 33142 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

## FILED Mar 18, 2004 8:00 am Secretary of State

03-18-2004 90011 003 \*\*\*150.00

54019448



03052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 11-2651502 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HERNANDEZ, GILBERTO 3642 N.W. 22ND AVE. MIAMI, FL 33142

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE			
8. The above named entity submits this statement for the part the obligations of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE	if applicable. (NOTE: Registere	d Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRE	CTORS				
TITLE PD  NAME AQUINO, JUAN ORIOL  STREET ADDRESS CITY-ST-ZIP BROOKLYN, NY 11201					
ITILE VPS NAME AQUINO, ESTRELLA STREET ADDRESS 40 CLINTON STREET CITY-ST-ZIP BROOKLYN, NY 11201					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
TITLE NAME STREET ADDRESS CITY - ST-ZIP			,		,
I hereby certify that the information supplied with this indicated on this report or supplemental report is true.	filing does not qualify for the exe and accurate and that my signa	emption state sture shall ha	d in Section 119.07(3 ve the same legal effe	)(i), Florida Statutes. I further certify that ect as if made under oath; that I am an o	the information

12. I hereby certify that the information supplied with this little goes not quality for the exemptor stated in Section 1-9.07(5)(f), rolling statutes. Horizontal indicated on this 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:

CIGNATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OF DIRECTOR

Sate Dayine Prone \*