

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-18-2004 90012 028 \*\*\*150.00

**DOCUMENT # G62408**

1. Entity Name  
**TAXICAB 862, INC.**



Principal Place of Business  
**VICENTE MEDINA  
3642 N.W. 22ND AVE.  
MIAMI, FL 33142-8305 US**

Mailing Address  
**VICENTE MEDINA  
3642 N.W. 22ND AVE.  
MIAMI, FL 33142-8305 US**

**54019473**



03052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2651502**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, GILBERTO  
3642 N.W. 2ND AVE.  
MIAMI, FL 33142**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	AQUINO, JUAN ORIOL
STREET ADDRESS	40 CLINTON ST
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	VTD
NAME	AQUINO, ESTRELLA
STREET ADDRESS	40 CLINTON ST
CITY-ST-ZIP	BROOKLYN, NY 11201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Juan O Aquino President 03/18/04 305-4450000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #