

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 12, 2005 08:00 AM  
Secretary of State

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



05062005 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~500054347205~~  
~~05/12/05-01087-001 \*\*150.00~~

U00000366303  
05/12/05-80008-001 150.00

**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 ORIOL AQUINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-05

Date

Daytime Phone #