

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90085 009 ***150.00

DOCUMENT # M52536
 1. Entity Name
MAYTO TAXI COMPANY, INC.



Principal Place of Business Mailing Address
666 71ST STREET **666 71ST STREET**
MAIMI BEACH, FL 33141 US **MAIMI, BE 33141 US**

DO NOT WRITE IN THIS SPACE

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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2809116 Not Applicable

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

6. Name and Address of Current Registered Agent
DEMOS, CHARLES MARK
16211 N.E. 12TH AVE
MIAMI, FL 33162

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SPITZER, MARIA M.
STREET ADDRESS	666 71ST ST.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD
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STREET ADDRESS	666 71ST ST.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *✓ Maria Spitzer* *JAN. 16. 07* *305 868 3600*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #