2008 FOR PROFIT CORPORATION

ANNUAL KEPUKI							Jan 30, 2008 08:00 A				
		M52536					S	ecret	ary of	State	
1. Entity Nam	ne TAXI COMF	PANY, INC.									
666 71ST S	ce of Business STREET H, FL 33141	US	Mailing Address 666 71ST STREET MIAMI, BE 33141 US	;		 		 	I BIBA BIDN BARKBA	i if iddi:	
					Drig 3						
	NO NO	T WDITE	IN THIS SE	OVCE		01162008	No Chg-P	CR2E0	34 (11/05)		
				AUL.		4. FEI Numbe 59-2809				pplicable	
						5. Certificate	of Status Desired		8.75 Additionee Required	nai	
	CHARLES MA	d Address of Current Re				NOT W HIS SP					
the obligat	e named entity su tions of registere		ne purpose of changing its re	gistered office o	r register	ed agent, or bot	h, in the State of Flo	orida. I am f	amiliar with, and	daccept	
SIGNATURE_	Signature, typed or pr	rinled name of régistered agent and	title il applicable. (NOTE: R	legistered Agent signal	lure required	when reinstating)		DATE	• •	_	
FIL After Ma	E NOW!!! FE ay 1, 2008 F	EE IS \$150.00 see will be \$550.00	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees		••	100 er 100 e		
10.		OFFICERS AND DI	RECTORS	R. 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			化各种的原		能力。學他		
TITLE	PVS ·				A HA	1194634				100	
NAME STREET ADDRESS	SPITZER, MA 666 71ST ST										
CITY-ST-ZIP	MIAMI BEAC			6.46) 904<u>6</u>92			
TITLE	TD	•			押湯		#_UZAUSAU6	. BUU (B.	ພິບ ທະນວິບ:	UL LA	
NAME	SPITZER, MA	ARIA M.		相談的							
STREET ADDRESS	666 71ST ST			Heren and the							
CITY-ST-ZIP	MIAMI BEAC	H, FL 33141	<u></u>								
TITLE									glyterijas (1.461). Garagas (1.461).		
NAME STREET ADDRESS				13.15.63	HE HE						
CITY-ST-ZIP	İ					DO	NOT W	RITE			
TiTLE							THIS SF				
NAME							TIO OF	- ^\ _E			
STREET ADDRESS											
CITY-ST-ZIP											

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:

TAW. 25. AP 305 933 23 44

SIGNATURE: 3

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP