

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90002 006 ***550.00



DOCUMENT # P00000113427
 1. Entity Name
AMIGOS TAXI, INC.

Principal Place of Business: **4269 S SR 29 LABELLE FL 33935**
 Mailing Address: **P.O./ BOX 338 IMMOKALEE FL 34143**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 2303**
 Suite, Apt. #, etc.

City & State: **Labelle FL**
 4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable

Zip: **FL 33935** Country: **USA**
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required.



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent
LUNA, ANGEL M
785 A ROAD
LABELLE FL 33935

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: *Angel M Luna* DATE: **9/9/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNA, ANGEL M	
STREET ADDRESS	785 A ROAD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUNA, ADAN	
STREET ADDRESS	785 A ROAD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUNA, ALMA	
STREET ADDRESS	785 A ROAD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUNA, LIDIA	
STREET ADDRESS	785 A ROAD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lidia Luna* DATE: **9/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #