## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000027784

Entity Name: AMBASSADOR TAXI SERVICE, INC.

FILED Dec 21, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
201 W SUNRISE BLVD				201 W SUNRISE BLVD		
1 FRT. LAUDERDALE, FL 33311				SUITE 101 FRT. LAUDERDALE, FL 33311		
Current Mailing Address:				New Mailing Address:		
8240 SW 1 N. LAUDE	11TH ST. RDALE, FL 3	33068				
FEI Number:	: 32-0009307	FEI Number Applied For ( )	FEI Nur	nber Not Appl	Dicable ( ) Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:		Name and	d Address of New Registered Agent:	
PIERRE, F 8240 SW 1 N. LAUDE		33068 US				
	e named entity e of Florida.	submits this statement for the pu	ırpose d	of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PIERRE, FRA 8240 SW 11T			Title: Name: Address: City-St-Zip:	P (X) Change () Addition PIERRE, FRANTZ 8240 SW 11TH ST. N. LAUDERDALE, FL 33068	
Title: Name: Address: City-St-Zip:	CADET, GERI 1906 SW 8TH			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D V ( KAVANAGHT, 6505 EMERAI MIRAMAR, FL	LD LAKE DR		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KAVANAGHT, DICKENS 6505 EMERALD LAKE DR MIRAMAR, FL 33023	
Title: Name: Address: City-St-Zip:	DUVRA, IVALI 2024 NW 12T			Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DUVRA, LENIERE 5516 NW SCEPTER DRIVE PORT-SAINT LUCIE, FL 34983	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	SEC ( ) Change (X) Addition PIERRE, FRANTZ 8240 SW 11TH STREET NORTH LAUDERDALE, FL 33068 US	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	TRES ( ) Change (X) Addition KAVANAGHT, DICKENS 6505 EMERALD LAKE DR MIRAMAR, FL 33023	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANTZ PIERRE P 12/21/2007