


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

04 OCT 14 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2

DOCUMENT # P02000103854		
1. Entity Name WEST COAST TAXI, INC.		

Principal Place of Business 2621 S ST W.P.B., FL 33407	Mailing Address 2621 S ST W.P.B., FL 33407
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2. Principal Place of Business 3700 GEORGIA AVE Suite, Apt. #, etc. MAIL BOX 32 suite 16 City & State West PALM BEACH FL Zip 33405	3. Mailing Address 3700 GEORGIA AVE Suite, Apt. #, etc. MAIL BOX 32 suite 16 City & State West PALM BEACH FL Zip 33405
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5/24/04 90573 040-  
09132004 Chg-P CR2E034 (10/03) \$150.00

4. FEI Number 02-0706444		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOUISDORT, LISSA 740 52ST W.P.B., FL 33407		
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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUISDORT, LISSA 740 52ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, ANESSON 740 52ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERRE, ENRY 740 52ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*DM*  
10/14/04

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: Lissa Louisdort 09/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012  
AH Acknowledgment  
66434012  
#P02000103854

To whom it may concern:

In regards to your request, I wanted you to know that for the record I already paid the amount of \$150.00. Which was sent to you last month and I have never received any of your responses due to a bad address on my part. So, I'm asking you if you could please update my new mailing address in your file.

New Address:  
3700 Georgia Ave. Mail Box 32  
West Palm Beach, FL 33405