2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT						h- F	· Fru			
DOCUMENT # P02000103854 1. Entity Name WEST COAST TAXI, INC.					01	O4 OCT 14 AM 10: 45 SECRETARY OF STATE TALLAHASSEE. FLORIDA				
				100 A 100	S	ECHELIAN	E FLORI	אט		
Principal Place 2621 S ST	e of Business	Mailing Address 2621 S ST			Į.	L L F.S				
W.P.B., FL 3	3407 -	W.P.B., FL 33407			٠ ي	· · · · · · · · · · · · · · · · · · ·	 .			
2. Principal Place of Business 3. Malling Address					1 - Di	Hoil	905	173	041	
Suite, Apt.	ንeo(Gi <u>a Ave</u> #, etc.	3700 GROCOIA AVE Suite, Apt. #, etc.			09132004	Chg-P	CR2E034	(10/03)	416	5000
MAIL Bo	0132 sute 16	MAIL Box 30 City & State	<u> </u>		4. FEI Number Applied			plied For	1	
West Pi	Alm Beach Fl	West PAlm	BRA		02-070		· <u> </u>		t Applicable	
2ip 334 05	Country	Zip 33405	Coun	ntry	5. Certificate	of Status Desired		3.75 Add e Required		
	6. Name and Address of Current F	7. Name and Address of New Registered Agent Name								
~LOUISDOF	RT-LISSA	Street Address (P.O. Box Number is Not Acceptable)								
740 52ST W.P.B., FL 33407				Street Address	(P.O. BOX NUMBE	- S NOt Acceptable	e)		·	-
				City				Zip Code	<u></u>	<u> </u>
8. The above	named entity submits this statement for	the nursase of changing its	register	<u> </u>	red agent or ho	h in the State of El	FL pride Lemilar			
	ions of registered agent.	the parpose of a tanging to	, regione	ca omee or registo	abo agom, or own	or, ar the blate or the	onen (an)	mice with,	sila accept	
SIGNATURE Signature, typod or printed name of registered agent and ribert applicable. (NOTE: Registered Agent signature required when reinstating). OATE										
			. 00				······································	1		
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	9. Election Campa Trust Fund Con			.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11	}
TITLE NAME	D LOUISDORT, LISSA	☐ Delete	TITL					_ Change	Addition	
STREET ADDRESS	740 52ST		STR	EET ADDRESS						
CITY-SI-ZIP	WEST PALM BEACH, FL 33407	☐ Delete	CITY	r-ST-ZIP] Change	Addition	ļ
NAME	JOSEPH, ANESSON	_ beitze	NAM	lE .				_ Onengo	Addition	
CITY-ST-ZIP	740 52ST WEST PALM BEACH, FL 33407			EET ADDRESS (+ST-ZIP						
TITLE	D D	☐ Delete	TITL			·	[Change	Addition	
NAME STREET ADDRESS	PIERRE, ENRY 740 52ST	•	NAM Stri	AE EET ADDRESS]
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		_	/-ST-ZIP		·				
TITLE NAME		☐ Delete	TITL	_				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS r - ST - ZIP						
TITLE		Oelete	TITU					Change	☐ Addition	1
NAME STREET ADDRESS			NAM STRI	AE EET ADDRESS	. ,	N/M				
CITY-ST-ZIP				(-ST-ZIP		<i>[] </i>	1-1			_
TITLE NAME ·		☐ Delete	TITE. Nan			7/10	liШř	Charline	Addition	ļ
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP			117/0	/		
12. I hereby	certify that the information supplied with	this filing does not qualify to	or the exe	emption stated in S	ection 119.07(3)	i), Florida Statutes.	I further certify	that the ir	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it 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 anactiment with an address, with all other like empowered.										
SIGNATURE: Lesson Sprusiform 09/20/04										
JOINAL	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R DR DIREC	тоя		Date Date	Day	une Prone #		ļ

Zolz

AH acliment 402600163854

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. MolLiflox32 West Palm Beach, FL 33405