

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000103854

1. Entity Name
WEST COAST TAXI, INC.



Principal Place of Business
**3700 GEORGIA AVE.
MAIL BOX 32, SUITE 16
WEST PALM BEACH, FL 33405**

Mailing Address
**602 52ND STREET
WEST PALM BEACH, FL 33407**



04212007 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0706444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOUISDORT, LISSA
740 52ST
W.P.B., FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000732963
05/09/07-80068-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOUISDORT, LISSA
STREET ADDRESS 740 52ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D
NAME JOSEPH, ANESSON
STREET ADDRESS 740 52ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D
NAME PIERRE, ENRY
STREET ADDRESS 740 52ST
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Amesson Joseph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
Date Daytime Phone #