


2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 JUN -4 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
--	---



2. Principal Place of Business - No P.O. Box # 2621 S. STREET Suite, Apt. #, etc. WPB	3. Mailing Address 608 52 STREET Suite, Apt. #, etc.
--	--

05072010 Chg-P CR2E034 (11/08)

City & State WPB Fla	City & State WPB Fla
Zip 33407	Zip 33407

4. FEI Number 02-0706444	Applied For Not Applicable
-----------------------------	-------------------------------

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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
--

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 \$150.00
Due by September 24, 2010**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	LOUISDORT, LISSA
STREET ADDRESS	740 52ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D <input type="checkbox"/> Delete
NAME	JOSEPH, ANESSON
STREET ADDRESS	740 52ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	D <input type="checkbox"/> Delete
NAME	PIERRE, ENRY
STREET ADDRESS	740 52ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
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	000180636440
STREET ADDRESS	05/10/10--0102--018 **150.00
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 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: Lissa Louisdort 5-24-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date