2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129781

Entity Name: A&J TAXI INC.

FILED Mar 05, 2005 Secretary of State

| Littly Nan | ie. Add IAMII | NC. | | | | |
|---|--|---------------------------------------|-----------|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 3500 MYST #1507 | IC POINTE DR | . | | | | |
| | ۹, FL 33180 | US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 3500 MYSTIC POINTE DR. | | | | | | |
| #1507 AVENTURA | ۹, FL 33180 | US | | | | |
| FEI Number: | | FEI Number Applied For (X) | FEI Nun | nber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| SIAMA, DROR 3500 MYSTIC POINTE DR. #1507 AVENTURA, FL 33162 US | | | | SIAMA, DROR 3500 MYSTIC POINTE DR. #1507 AVENTURA, FL 33180 US | | |
| The above in the State | | ubmits this statement for the p | ourpose o | f changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | | 03/05/2005 | |
| | Electronic | Signature of Registered Age | ent | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | SIAMA, DROR | Delete DINTE DR. #1507 33180 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VSTD (X) I SIAMA, ISHAK 17221 N.E. 11TH N.MB., FL 33162 | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

| PD | 03/05/2005 |
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| | PD |