


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90044 020 ***158.75

DOCUMENT # P04000152381 1. Entity Name PET TAXI'S INC.					
Principal Place of Business 102 NE 2ND STREET BOCA RATON, FL 33432			Mailing Address 102 NE 2ND STREET BOCA RATON, FL 33432		
2. Principal Place of Business 145 Yacht Clubway		3. Mailing Address SAME			
Suite, Apt. #, etc. # 207		Suite, Apt. #, etc. 			
City & State Hypoluxo FL		City & State 			
Zip 33462		Country USA		Zip 	
Country 					
4. FEI Number 			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROCHE, ESTELLE A 102 NE 2ND STREET #254 BOCA RATON, FL 33432			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: <u><i>Estelle Roche</i></u> Estelle Roche <u>5/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROCHE, THOMAS A <input type="checkbox"/> Delete 102 NE 2ND STREET #254 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	145 Yacht Clubway <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 207 Hypoluxo, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ROCHE, ESTELLE A <input type="checkbox"/> Delete 102 NE 2ND STREET #254 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLANZROCK, HELEN <input type="checkbox"/> Delete 2711 N.W. 104TH AVE. SUNRISE, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Estelle Roche</i></u> Estelle Roche <u>5/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					