

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073833

FILED
Mar 31, 2009
Secretary of State

Entity Name: COMFORT WHEELCHAIR CAB INC

Current Principal Place of Business:

19741 NW 57 PLACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

19741 NW 57 PLACE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 20-2872879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALDANA, NOE
5574 NW 194 CIRCLE TERRACE
OPALOCKA, FL 33055 US

Name and Address of New Registered Agent:

SALDANA, NOE
19741 NW 57 PLACE
HIALEAH, FL 33015 US

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.

SIGNATURE: NOE SALDANA

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALDANA, NOE
Address: 5574 NW 194 CIRCLE TERRACE
City-St-Zip: OPALOCKA, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALDANA, NOE
Address: 19741 NW 57 PLACE
City-St-Zip: HIALEAH, FL 33015

Title: VP () Change (X) Addition
Name: SALDANA, SHEM
Address: 19741 NW 57 PLACE
City-St-Zip: HIALEAH, FL 33015

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

SIGNATURE: NOE SALDANA

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date