

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030393

FILED
Jun 09, 2009
Secretary of State

Entity Name: TAXI SALVAGE OF FLORIDA CORP.

Current Principal Place of Business:

4367 N FEDERAL HWY, SUITE 201
COLONIAL BUILDING
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4367 N FEDERAL HWY, SUITE 201
COLONIAL BUILDING
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-1694412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONNELL, JOHN D
4367 N FEDERAL HWY, SUITE 201
COLONIAL BUILDING
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: JOHNSTON, LISA M
Address: 4367 N FEDERAL HWY STE 201
City-St-Zip: FT LAUDERDALE, FL 33308

Title: T () Delete
Name: JOHNSTON, LISA M
Address: 4367 N FEDERAL HWY STE 201
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHNSON, LISA

DPVS

06/09/2009

Electronic Signature of Signing Officer or Director

Date