


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90862 034 ***150.00

DOCUMENT # P06000030900	
1. Entity Name BLACK AND WHITE TAXICAB INC.	

Principal Place of Business 1638 EAST MOODY BLVD BUNNELL, FL 32110	Mailing Address 1638 EAST MOODY BLVD BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box # 1658 East Moody Blvd	3. Mailing Address 1658 East Moody Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bunnell, FL	City & State Bunnell, FL
Zip 32110	Country USA
Zip 32110	Country USA



01232007 Chg-P CR2E034 (12/06)

4. FEI Number 13-4323210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NATELSON, ANDREW G 412 S CENTRAL AVE FLAGLER BEACH, FL	7. Name and Address of New Registered Agent Name Francois Hyppolite Street Address (P.O. Box Number is Not Acceptable) 1658 East Moody Blvd City Bunnell FL Zip Code 32110
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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  **Francois Hyppolite, President** 04/18/07
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francois Hyppolite <input type="checkbox"/> Delete 25 Priory Lane Palm Coast, FL 32164 P	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
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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 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 addition with an address, with all other like empowered.

SIGNATURE:  **Francois Hyppolite** 04/18/07 (386) 437-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #