

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 028 ***150.00

DOCUMENT # P06000065022

1. Entity Name
MAGIC TAXI SERVICE, INC.



Principal Place of Business
**2117 S. BABCOCK ST., SUITE 286
MELBOURNE, FL 32901**

Mailing Address
**2117 S. BABCOCK ST., SUITE 286
MELBOURNE, FL 32901**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

41-2205838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINANAN, ANNA
210 E. UNIVERSITY BLVD., APT. 1
MELBOURNE, FL 32901**

Name

SINANAN, ANNA

Street Address (P.O. Box Number is Not Acceptable)

115 Sneed Road Apt C

City

Indian Harbor Beach, FL

Zip Code

32937

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

Anna R. Sinanan

4/11/07

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SINANAN, ANNA
STREET ADDRESS 210 E. UNIVERSITY BLVD., APT. 1
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE P D ☒ Change ☐ Addition
NAME SINANAN, ANNA
STREET ADDRESS 115 SNEAD ROAD APT C
CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937

TITLE VSTD ☐ Delete
NAME SINANAN, MITRA
STREET ADDRESS 210 E. UNIVERSITY BLVD., APT. 1
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE V S T D ☒ Change ☐ Addition
NAME SINANAN, MITRA
STREET ADDRESS 115 SNEAD ROAD APT C
CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: *Anna R. Sinanan* ANNA SINANAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

321-508-1357

Daytime Phone #