2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# P07000015517

Entity Name: AMERICAN TAXI CAB, CORP.

Current Principal Place of Business:

1075 SUNSET STRIP
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

1075 SUNSET STRIP
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 20-8445650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERCULE, KENEL
2817 N.W.9TH AVENUE
WILTON MANORS, FL 33311 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: D/PS ( ) Delete
Name: BEAUBRUN, BONIFACE PRES.
Address: 2534 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D/VP (X) Delete
Name: JEAN-JACQUES, REMY V.PRES
Address: 811 N.W. 42ND STREET
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: D/SC ( ) Delete
Name: MORTIMER, EDIT SEC.
Address: 210 S.W. 29TH AVE.
City-St-Zip: FT. LAUDERDALE,, FL 33312 US

Title: VPTS ( ) Delete
Name: HERCULE, KENEL .VP/TRE
Address: 2817 N.W.9TH AVENUE
City-St-Zip: WILTON MANORS, FL 33311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVPS (X) Change ( ) Addition
Name: MORTIMER, EDIT VP,SEC.
Address: 210 S.W. 29TH AVE.
City-St-Zip: FT. LAUDERDALE,, FL 33312 US

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: KENEL HERCULE VPT 06/04/2009

Electronic Signature of Signing Officer or Director Date