

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015517

FILED
Apr 28, 2010
Secretary of State

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 ()**

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/CP
Name: BEAUBRUN, BONIFACE PRES.
Address: 2534 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: KENEL HERCULE

VPS

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date