

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128978

Entity Name: CITY TAXI INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

811 MABRY STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 20014
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 26-1516551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 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: V () Delete
Name: HOFBAUER, GEARHARD
Address: POST OFFICE BOX 20014
City-St-Zip: TALLAHASSEE, FL 32316

Title: P () Delete
Name: HOFBAUER, FRANZ
Address: POST OFFICE BOX 20014
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: HOFBAUER, GERHARD
Address: POST OFFICE BOX 20014
City-St-Zip: TALLAHASSEE, FL 32316

Title: P (X) Change () Addition
Name: HOFBAUER, FRANZ
Address: POST OFFICE BOX 20014
City-St-Zip: TALLAHASSEE, FL 32316

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: FRANZ HOFBAUER

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date