

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071894

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** CHECKER CAB TRANSPORTATION INC.

**Current Principal Place of Business:**

4413 N HESPERIDES ST  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4413 N HESPERIDES ST  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 26-3076598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINARDI, LOUIS A JR  
4413 N HESPERIDES ST  
TAMPA, FL FL 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:** PD  
**Name:** MINARDI, LOUIS A JR  
**Address:** 4413 N HESPERIDES ST  
**City-St-Zip:** TAMPA, FL 33614

**Title:** VPSD  
**Name:** MINARDI, GLENN  
**Address:** 4413 N HESPERIDES ST  
**City-St-Zip:** TAMPA, FL 33614

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:** GLENN A. MINARDI SR

VPSD

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date