

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104962

Entity Name: INNOVATIVE CAB, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

800 14TH ST  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 129  
HORSE SHOE, NC 28742

**New Mailing Address:**

FEI Number: 26-3963091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNELL, ANDY  
1315 20TH TERR  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUTTMAN, DARREN  
Address: 800 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VTS  
Name: GUTTMAN, EVAN  
Address: 545 HUNTER'S GLEN LANE  
City-St-Zip: HENDERSONVILLE, NC 28739

Title: V  
Name: GUTTMAN, ELI  
Address: 800 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

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: EVAN GUTTMAN, VTS

VTS

04/21/2011

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

\_\_\_\_\_  
Date