

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104963

Entity Name: PROTECTOR CAB, INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

800 14TH ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

800 14TH ST
KEY WEST, FL 33040

New Mailing Address:

PO BOX 129
HORSE SHOE, NC 28742

FEI Number: 26-3964111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINELLO, HENRY
9150 S. DADELAND BLVD.
COLE, SCOTT AND KISSANE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MARINELLO, HENRY
COLE, SCOTT AND KISSANE
9150 S. DADELAND BLVD SUITE 1400
MIAMI, FL 33156 US

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: HENRY MARINELLO

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VST () Delete
Name: GUTTMAN, EVAN
Address: 545 HUNTER'S GLEN LANE
City-St-Zip: HENDERSONVILLE, NC 27023

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VST (X) Change () Addition
Name: GUTTMAN, EVAN
Address: 545 HUNTER'S GLEN LANE
City-St-Zip: HENDERSONVILLE, NC 28739

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: DARREN GUTTMAN

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date