2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2011
Secretary of State

DOCUMENT# P08000106068

Entity Name: ALL RIDES TAXI MAS INC

Current Principal Place of Business:

4710 AUSTRALIAN AVE. NORTH
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4710 AUSTRALIAN AVE. NORTH
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 26-4388225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, MERLYN P
835 37TH STREET
WEST PALM BEACH, FL 33407 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: ROBERTS, MERLYN P
Address: 835 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP
Name: ROBERTS, MERLYN P
Address: 835 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: DIR
Name: ROBERTS, MERLYN P
Address: 835 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: TREA
Name: ROBERTS, MERLYN P
Address: 835 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SEC
Name: ROBERTS, MERLYN P
Address: 835 37TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 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: MERLYN ROBERTS PRES 01/15/2011

Electronic Signature of Signing Officer or Director Date