

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **909000035543**

1. Entity Name



Super Yellow Taxi, Inc

11 MAY 24 PM 4:32

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1846 NW 36 ST

3. Mailing Address

1735 NW 142ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33142

Country

Zip

33181

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A.M.G. GROUP INC

Street Address (P.O. Box Number is Not Acceptable)

1735 NW 142ND ST

City

MIAMI

FL

Zip Code

33181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

5-19-2011

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

E-mail Address:

DAWOOD@AMG.GROUP.US

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

*D-VP
A.M.G. GROUP, INC*

STREET ADDRESS

1735 NW 142 ST

CITY-ST-ZIP

MIAMI FL 33181

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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900207202329
05/04/11--01011--021 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/11
DATE

706 229 7861
Daytime Phone #