

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90044 003 ***150.00

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1. Entity Name
1012 TAXI CORPORATION



Principal Place of Business
1100 ST. CHARLES PLACE
#L-4
PEMBROKE PINES, FL 33026

Mailing Address
1100 ST. CHARLES PLACE
#L-4
PEMBROKE PINES, FL 33026 US

50030398



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0491707

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, LYNN
1100 ST CHARLES PLACE
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
JACOBS, LYNN
1100 ST. CHARLES PLACE, UNIT L-4
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JACOBS, NANCY
1100 ST. CHARLES PALCE UNIT L-4
PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Jacobs 3/21/05 954-436-1149
Date Daytime Phone #