

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90073 046 \*\*\*150.00

**DOCUMENT # P94000016513**

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

20008229



03242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0491707	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	
NAME	
STREET ADDRESS	
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NAME	
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lynn Jacobs* **Lynn Jacobs** 3/31/07 954-436-1149  
Date Daytime Phone #