

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90292 002 ***150.00

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1. Entity Name
1027 TAXI CORPORATION



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

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

60028299



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0491710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, LYNN
1100 ST. CHARLES PLACE, UNIT L-4
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, 2006 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 | |
| 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 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

Date

Daytime Phone #