

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-02-2007 90073 047 ***150.00

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1. Entity Name

1185 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

DO NOT WRITE IN THIS SPACE



03242007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0491780

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

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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
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 PLACE, UNIT L-4
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #