

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000016569

Entity Name: 1185 TAXI CORPORATION

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

## **Current Mailing Address:**

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

## **New Mailing Address:**

FEI Number: 65-0491780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

JACOBS, LYNN  
1100 ST. CHARLES PLACE  
UNIT L-4  
PEMBROKE PINES, FL 33026 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: VSTD  
Name: JACOBS, LYNN  
Address: 1100 ST. CHARLES PLACE, UNIT L-4  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD  
Name: JACOBS, NANCY  
Address: 1100 ST CHARLES PLACE, UNIT L-4  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY JACOBS

P

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date