

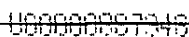


**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000071896</b> 1. Entity Name <b>AAA TAXI, INC.</b>			
Principal Place of Business <b>1000 NW 103RD AVE PLANTATION, FL 33322 US</b>		Mailing Address <b>1000 NW 103RD AVE PLANTATION, FL 33322 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0631548</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SHIMONY, JACOB 1000 NW 103RD AVE PLANTATION, FL 33322</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		 04/21/08-80040-018 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
PDTs JACOB SHIMONY 1000 NW 103RD AVE PLANTATION, FL 33322			
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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: <u>Jacob Shimony</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04.05.08 (305)333.5296 Date Daytime Phone #	