


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90263 033 ***150.00

DOCUMENT # P99000073574					
1. Entity Name TAXI INSURANCE COLLECTIONS COMPANY					
Principal Place of Business 740 ALTON ROAD MIAMI BEACH FL 33139			Mailing Address 740 ALTON ROAD MIAMI BEACH FL 33139		
2. Principal Place of Business <i>SAME AS ABOVE</i>			3. Mailing Address <i>SAME AS ABOVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0944150	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, ANDREW 740 ALTON ROAD MIAMI BEACH FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Andrew Roth</i> ANDREW ROTH 4-21-04 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHVARTSMAN, BORIS			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, ANDREW			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCH, YEHUDA			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMYON, ZILBERBEG			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBLINSKI, LEIBEL			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPISMEDOV, ALEX			NAME	
STREET ADDRESS	740 ALTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Boris Shvartsman</i> BORIS SHVARTSMAN 4-21-04 305-534-0044 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					