


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90186 019 \*\*\*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
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50036282

2. Principal Place of Business Same as Above	3. Mailing Address Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03302005 Chg-P CR2E034 (10/03)

City & State	Country	Zip	Country
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4. FEI Number 65-0944150	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROTH, ANDREW 740 ALTON ROAD MIAMI BEACH, FL 33139		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 Andrew Roth ANDREW ROTH DATE 4-5-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHVARTSMAN, BORIS 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SAM GAFANOVICH 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, ANDREW 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AROCHE, YEHUDA 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMYON, ZILBERBEG 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBLINSKI, LEIBEL 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPISMEDOV, ALEX 740 ALTON ROAD MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Boris Shvartzman BORIS SHVARTSMAN DATE 4-5-05 DAYTIME PHONE # 534 0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR