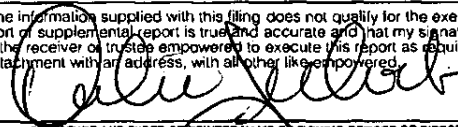


FILED
Mar 10, 2004 8:00 am
Secretary of State

02-26-2004 90028 041 ***150.00

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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S82780 1. Entity Name MIAMI SPRINGS TAXI, INC.			
Principal Place of Business 199 NW 79TH ST MIAMI, FL 33150 US		Mailing Address 199 NW 79TH ST MIAMI, FL 33150 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MURRAY, ANGUS 199 NW 79TH ST MIAMI, FL 33150		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		D MURRAY, ANGUS 198 NW 79 ST. MIAMI, FL 33150	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP JEDWAB, O 198 NW 79TH ST MIAMI, FL 33150	
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			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			