

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90154 020 ***150.00

DOCUMENT # V08472

1. Entity Name

CENTRAL TAXI SERVICE, INC.



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 - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0890798

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, ANDREW
740 ALTON RD
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

[Signature]

Andrew Roth

4-15-08

Signature, typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PAPISMEDOV, ALEX	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBLINSKI, LEIBEL	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AROCH, YEHODA	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHVARTSMAN, BORIS	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMYON, ZILBERBEG	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREW, ROTH	
STREET ADDRESS	740 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL, ALTINISIA	
STREET ADDRESS	740 ALTON RD	
CITY-ST-ZIP	M.B. FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

BORIS SHVARTSMAN

4-15-08

13 MS
534-0194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #