

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V38954

Entity Name: DORAL TAXI, INC.

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

5521 NW 78 AVE
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

465 NE 112 ST
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0417652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEAZAR, ERINES
465 NE 112 ST
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ERINES, ELEAZAR
Address: 465 NE 112 ST
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: MARCAISSE FANOR,
Address: 15120 NW 11 CT.
City-St-Zip: N. MIAMI BCH, FL

Title: T () Delete
Name: JOSEPH, JACQUES
Address: 13275 N MIA AVE
City-St-Zip: MIAMI, FL 33168

Title: C () Delete
Name: DIEUEVILLE MAXIME,
Address: 11611 W. BISCAYNE R. DR.
City-St-Zip: MIAMI, FL

Title: C () Delete
Name: MIRABEAU, JOSEPH
Address: 1070 N.E. 174 ST.
City-St-Zip: NORTH MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MARCAISSE FANOR,
Address: 15120 NW 11 CT.
City-St-Zip: N. MIAMI BCH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCAISSE FANOR

OF.

07/01/2004

Electronic Signature of Signing Officer or Director

Date