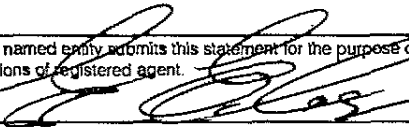
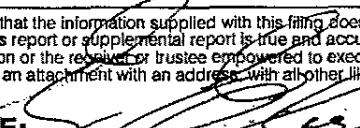


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V38954 1. Entity Name DORAL TAXI, INC.		
Principal Place of Business 5521 NW 78 AVE MIAMI, FL 33166 US		Mailing Address 465 NE 112 ST MIAMI, FL 33161 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ELEAZAR, ERINES 465 NE 112 ST MIAMI, FL 33161		DO NOT WRITE IN THIS SPACE
8. The above named entity admits 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:  ERINES ELEAZAR 02-08-05 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. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERINES, ELEAZAR 465 NE 112 ST MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCAISSE FANOR 15120 NW 11 CT. N. MIAMI BCH, FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, JACQUES 13275 N MIA AVE MIAMI, FL 33168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DIEUVEILLE MAXIME 11611 W. BISCAYNE R. DR. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MIRABEAU, JOSEPH 1070 N.E. 174 ST. NORTH MIAMI BEACH, FL	
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:  02-08-05 305 594-3333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0417652	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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02/11/05-80063-024 158.75