2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V38954

1. Entity Name
DORAL TAXI, INC.

Principal Place of Business	Mailing Address
5521 NW 78 AVE MIAMI, FL 33166 US	465 NE 112 ST MIAMI, FL 33161 US

01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0417652
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELEAZAR, ERINES
465 NE 112 ST
MIAMI, FL 33161

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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 ERINES ELEAZAR 01-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ERINES, ELEAZAR
STREET ADDRESS	465 NE 112 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	V
NAME	MARCAISSE FANOR
STREET ADDRESS	15120 NW 11 CT.
CITY-ST-ZIP	N. MIAMI BCH, FL 33162
TITLE	T
NAME	JOSEPH, JACQUES
STREET ADDRESS	13275 N MIA AVE
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	C
NAME	DIEUVEILLE MAXIME
STREET ADDRESS	11611 W. BISCAYNE R. DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	C
NAME	MIRABEAU, JOSEPH
STREET ADDRESS	1070 N.E. 174 ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80091-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 01-14-06 305 594-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #