
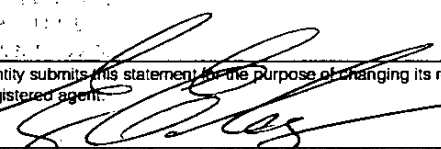
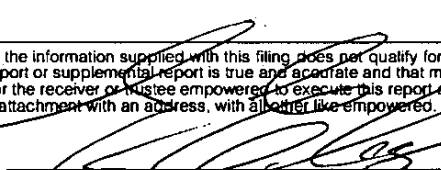


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90032 006 \*\*\*158.75

<b>DOCUMENT # V38954</b> 1. Entity Name <b>DORAL TAXI, INC.</b>					
Principal Place of Business <b>5521 NW 78 AVE</b> <b>MIAMI, FL 33166 US</b>			Mailing Address <b>15255 SW 21 PL</b> <b>MIRAMAR, FL 33027 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0417652</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ELEAZAR, ERINES</b> <b>465 NE 112 ST</b> <b>MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name <b>ERINES ELEAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>15255 SW 21 PL</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33027</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>03-03-08</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ERINES, ELEAZAR</b> <b>15255 SW 21 PL</b> <b>MIRAMAR, FL 33027</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.</b> <b>MARCAISSE FANOR</b> <b>15120 NW 11 CT.</b> <b>N. MIAMI BCH, FL 33162</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.</b> <b>JOSEPH, JACQUES</b> <b>13275 N MIA AVE</b> <b>MIAMI, FL 33168</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.</b> <b>DIEUVEILLE MAXIME</b> <b>11611 W. BISCAYNE R. DR.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.</b> <b>MIRABEAU, JOSEPH</b> <b>1070 N.E. 174 ST.</b> <b>NORTH MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 a letter like empowered.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>03-03-08</b>  <small>Date</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					