

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V38954

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: DORAL TAXI, INC.

## Current Principal Place of Business:

5521 NW 78 AVE  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

15255 SW 21 PL  
MIRAMAR, FL 33027 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

ELEAZAR, ERINES  
15255 S.W. 21 PL  
HOLLYWOOD, FL 33027 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ERINES, ELEAZAR  
Address: 15255 SW 21 PL  
City-St-Zip: MIRAMAR, FL 33027

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

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

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 exemption stated 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 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: ERINES ELEAZAR

DIR.

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date