


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-04-2007 90068 007 ***150.00

DOCUMENT # V70728			
1. Entity Name CORAL GABLES TAXI, INC.			
Principal Place of Business 3374 S.W. 28 STREET MIAMI FL 33133		Mailing Address 3374 S.W. 28 STREET MIAMI FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0474948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINTANA, ALBERTO 3374 S.W. 28 STREET MIAMI FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when re-registering) (X11)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: QUINTANA, ALBERTO STREET ADDRESS: 3374 S.W. 28 STREET CITY- ST- ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: QUINTANA, LAURENTINO STREET ADDRESS: 3374 S.W. 28 STREET CITY- ST- ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ROMANEZ, SILVIO STREET ADDRESS: 1820 SW 84TH AVE CITY- ST- ZIP: MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ROMANEZ, TOMAS STREET ADDRESS: 1000 W FLAGLER LOT B-228 CITY- ST- ZIP: MIAMI FL	<input type="checkbox"/> Delete	TITLE: T NAME: TOMMY ROMANES STREET ADDRESS: 1725 SW 80 AVE CITY- ST- ZIP: MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Alberto Quintana</u>		Date: <u>5-25-07</u>	Corporate Phone #: <u>305-444-7407</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Corporate Phone #</small>