

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70728

FILED
Apr 20, 2009
Secretary of State

Entity Name: CORAL GABLES TAXI, INC.

Current Principal Place of Business:

3661 NW 33 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3374 S.W. 28 STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0474948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTANA, ALBERTO
3374 S.W. 28 STREET
MIAMI, FL 33133 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: P () Delete
Name: QUINTANA, ALBERTO
Address: 3374 S.W. 28 STREET
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: QUINTANA, LAURENTINO
Address: 3374 S.W. 28 STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: ROMANEZ, TOMAS
Address: 1000 W FLAGLER LOT B-228
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: ROMANES, TOMMY
Address: 1725 SW 80 AVE
City-St-Zip: MIAMI, FL 33133

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: T (X) Change () Addition
Name: ROMANES, TOM
Address: 1725 SW 86 AVE
City-St-Zip: MIAMI, FL 33155

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: ALBERTO QUINTANA

Electronic Signature of Signing Officer or Director

OFFI

04/20/2009

Date