

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000782

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC8515385978**

**Entity Name:** PATIENCE TAXI CAB AND LIMO INC.

**Current Principal Place of Business:**

250 FLORIDA AVE  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

250 FLORIDA AVE  
FORT LAUDERDALE, FL 33312

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANON, PERIERA  
250 FLORIDA AVE  
FORT LAUDERDALE, FL 33312 US

*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

**Officer/Director Detail :**

Title P  
Name SANON, PERIERA  
Address 250 FLORIDA AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP  
Name JEAN BAPTISTE, IRELANDE  
Address 250 FLORIDA AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title BOARD MEMBER  
Name SANON, PEDRO LOUIS SR.  
Address 250 FLORIDA AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title BOARD MEMBER  
Name SANON, MALISSA  
Address 250 FLORIDA AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

*I hereby 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 all other like empowered.*

**SIGNATURE:** PERIERA SANON

**PRESIDENT**

**01/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date