

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000057873

**Entity Name:** 24/7 TAXI CABS, INC

**Current Principal Place of Business:**

495 GOODLETTE RD N  
NAPLES, FL 34102

**Current Mailing Address:**

P.O. BOX 9206  
NAPLES, FL 34101 UN

**FEI Number:** 47-1278826

**Certificate of Status Desired:** No

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

GASTON, FIGARO F MR  
2770 WILD PINES LANE  
1021  
NAPLES, FL 34112 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 GASTON, FIGARO F MR  
Address 495 GOODLETTE RD N  
City-State-Zip: NAPLES FL 34102

*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:** FIGARO GASTON

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date