## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2005 8:00 am **DOCUMENT # 703023** Secretary of State 1. Pritity Name 05-03-2005 90160 026 \*\*\*\*70.00 THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2305 NW 107 AVE SUITE CV 16 MIAMI FL 33172 2305 NW 107 AVE P.O. BOX 52-2022 MIAMI FL 33152 Principal Place of Business 3. Mailing Address 62-2022 305 NW 107 AVE. POBOX Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For FL 59-2103610 110mi liami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDLER TRAVIS & ROSENBERG Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DRIVE 600 **MIAMI FL 33126** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change ☐ Addition VERSACI, DANTE RUIZ, KACMA 70 box 52-2002 NAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CITY-ST-ZIP CITY-ST-7IF Miani FL 33152 VPD 1ST VPD Change TITLE ☐ Delete TITLE FRANK SANTEIRO ☐ Addition ABISCH, JOHN NAME NAME SAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CITY-ST-ZIP MIANI, FL 3315> CITY-ST-ZIP TITLE Change (Change Addition **√** Delete MARI O, ALBERTO J EDNOSPOTO+PARTINO NAME NAME P. O BOX 52-2022 PO BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CHY-ST-7IP MIAMI, FL 33152 CITY-SI-7IP 364 VPD TITLE TITLE 🔀 Delete Change Change ☐ Addition PASQUIS, GISELE John ABISCH POBOX 52-2022 NAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 Mioni, FL33152 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition Oses, Albert Pobox 52-2022 TORNER, EDMUNDO MAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 MIRMI, FL 33152 CITY-ST-ZIP CITY-ST-ZIP Delete RTLE HIF ■ Addition RIVERA FRED POBOX 52-2022 MADAN, ROGER NAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CITY-ST-ZIP CITY-ST-ZIP MIRMITEL 33152 715. See ATTACHEN 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or en an effective that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or en an effect of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.

**FILED** 

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VLLVCAMENL DOCUMENT # 703023 1. Estity Name THE FLORIDA CUSTOMS BROKERS AND FORWARDERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2305 NW 107 AVE P.O. BOX 52-2022 MIAMI FL 33152 2305 NW 107 AVE SUITE CV 16 **MIAMI FL 33172** Principal Place of Business 3. Mailing Address *52-202*2 305 NW 107 AVE. POBOX Suite, Apt, #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For Wiami Miami 59-2103610 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDLER TRAVIS & ROSENBERG Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DRIVE 600 MIAMI FL 33126 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PDDelete TITLE TITLE **YA** Change Addition VERSACI, DANTE RUIZ, KAMA 70 Box 52-2022 NAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33152 1ST VPD ☐ Delete ☐ Change Addition ABISCH, JOHN RANK SANTEIRO SAME NAME NAME P. O BOX 52-2022 POBOX 50-2002 MIGHT, FL 33152 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 CITY-ST-7IP CITY-ST-ZIP 204 VPD Change TITLE Delete FITLE ☐ Addition AL-BERTO MACINO MARI-O, ALBERTO J NAME NAME PO BOX 52-2022 MIAMI, FL 33152 P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33152 CITY-SI-ZIP 30d VPD TITLE Change Change Addition 🙀 Delele PASQUIS, GISELE John ABISCH POBOX 52-2022 NAME NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 Mioni, FL33152 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE **⊠**\* Change Addition Oses, Albert TORNER, EDMUNDO NAME NAME P. O BOX 52-2022 STREET ADDRESS 70 BOY 52-2022 SURFET ADDRESS MIAMI FL 33152 CITY-ST-ZIP CITY-ST-ZIP MIRMI, FL 33152 TITLE 🔀 Delete TITLE Change ☐ Addition RIVERA FRED POBOX 52-2022 MADAN, ROGER NAME P. O BOX 52-2022 STREET ADDRESS STREET ADDRESS MIAMI FL 33152 MIRMITEL 33152 715. See ATTAChed CITY-ST-7IP CITY-ST-ZIP

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SIGNATURE:

NING OFFICER OR DIRECTOR