2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N15276

Entity Name: SOUTH FLORIDA TAXICAB ASSOCIATION, INC.

Current Principal Place of Business:

5507 FILLMORE STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

5507 FILLMORE STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2692746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELICIANO, DIEGO
5507 FILLMORE STREET
HOLLYWOOD, FL 33021 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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MOSKOWITZ, JERRY
Address: 2284 NW 36TH ST
City-St-Zip: MIAMI, FL 33142

Title: PD ( ) Delete
Name: FELICIANO, DIEGO
Address: 5507 FILLMORE STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: HERNANDEZ, GILBERTO
Address: 851 E 16TH PLACE
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete
Name: SCHLOSSBERG, JEROME
Address: 871 NE 160 TERRACE
City-St-Zip: N MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: TROJESKY, SZYMON
Address: 2812 NW 35TH ST
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: FERNAND, PIERRE-LOUIS
Address: 3111 NW 27TH AVE
City-St-Zip: MIAMI, FL 33142

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO FELICIANO PD 02/25/2009

Electronic Signature of Signing Officer or Director Date