

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003593

1. Entity Name
LIBERTY CITY VAN SERVICE INC.



Principal Place of Business
4646 NW 17 AVE.
MIAMI, FL 33142-4133

Mailing Address
4646 NW 17 AVE.
MIAMI, FL 33142-4133

FILED
06 FEB 22 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ERNEST
3260 NW 45 ST.
MIAMI, FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JOHNSON, ERNEST
STREET ADDRESS 3260 NW 45 ST
CITY-ST-ZIP MIAMI, FL 33142

☐ Change ☐ Addition
600066555536
02/24/06--01014--015 **272.50

TITLE D ☐ Delete
NAME JOHNSON, ELDICK
STREET ADDRESS 3260 NW 45 ST
CITY-ST-ZIP MIAMI, FL 33142

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME BZENEDIQUE, HYPOLITE
STREET ADDRESS 4225 NE 173 ST
CITY-ST-ZIP MIAMI, FL 33162

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-06 305-634 2651