

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 017 ****70.00

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1. Entity Name

CABBIES ASSOCIATION INC.



Principal Place of Business

**1316 NE 105TH STREET
APT. #202
MIAMI FL 33138**

Mailing Address

**1316 NE 105TH STREET
APT. #202
MIAMI FL 33138**

J4010001



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0508643

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

**VILLACIS, FERNANDO
1316NE 105TH STREET APT. 202
MIAMI SHORE FL 33138**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **SD** ☐ Delete
NAME **LLERENA, JORGE**
STREET ADDRESS **10250 NW 80TH CT.**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE **SD** ☒ Change ☐ Addition
NAME **SALAZAR, JIMMY**
STREET ADDRESS **21012 SW 97th PLACE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **VD** ☐ Delete
NAME **BECKER, RICARDO**
STREET ADDRESS **15048 SW 71 LN**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WYNNS, RANDOLPH**
STREET ADDRESS **1412 W 44 TERR**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **VILLACIS, FERNANDO**
STREET ADDRESS **1316 NE 105TH STREET APT. 202**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FERNANDO VILLACIS PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 305-972-9382