

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001888

Entity Name: CABBIES ASSOCIATION INC.**Current Principal Place of Business:**6885 W 2 TH. COURT
HIALIAH, FL 33017**Current Mailing Address:**P.O.B. 33101
MIAMI, FL 33101 US**FEI Number:** 03-0508643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORTES, JORGE PD
6885 W 2 TH. COURT
HIALIAH, FL 33017 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	PD
Name	CORTES, JORGE PD
Address	6885 W 2 TH. COURT
City-State-Zip:	HIALIAH FL 33017

Title	VP
Name	CORAL, HERNAN SR.
Address	P.O.B. 331011
City-State-Zip:	MIAMI FL 33101

Title	SD
Name	GONZALEZ, ANGEL SD
Address	6885 W 2 TH. COURT
City-State-Zip:	HIALIAH FL 33017

Title	TD
Name	ARGUIJO, MARCOS TD
Address	2772 SW 31 TH. AV.
City-State-Zip:	MIAMI FL 33133

Title	ED
Name	VILLARAN, MAINOR SR.
Address	4761 NW 2TH. TERRACE
City-State-Zip:	MIAMI FL 33126

Title	ED
Name	VIVEROS, FAVIO ED
Address	7787 SW 88 TH. STREET
City-State-Zip:	MIAMI FL 33143

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

SIGNATURE: HERNAN CORAL**MEMBER****03/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date