

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703853

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SOCIETY CAB ASSOCIATION, INC.

## Current Principal Place of Business:

5395 N. W. 13TH AVENUE  
MIAMI, FL 331423833

## New Principal Place of Business:

## Current Mailing Address:

5395 N. W. 13TH AVENUE  
MIAMI, FL 331423833

## New Mailing Address:

FEI Number: 59-0898165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ERNEST  
3260 N.W. 45TH STREET  
MIAMI, FL 33142 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: PTD ( ) Delete  
Name: JOHNSON, ERNEST  
Address: 3260 N.W. 45TH STREET  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: RICHARDSON, BENNIE  
Address: 5395 N. W. 13TH AVENUE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: JOHNSON, ELDRICK  
Address: 3260 NW 45TH ST.  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: JOHNSON, ERNEST  
Address: 3260 N.W. 45TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change ( ) Addition  
Name: JOHNSON, CHANDRA  
Address: 3260 N.W. 45TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: SD (X) Change ( ) Addition  
Name: JOHNSON, ELDRICK  
Address: 3260 NW 45TH ST.  
City-St-Zip: MIAMI, FL 33142

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: ERNEST JOHNSON

PTD

03/19/2009

Electronic Signature of Signing Officer or Director

Date