

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001888

FILED
Jul 10, 2005
Secretary of State

Entity Name: CABBIES ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0508643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SALAZAR, JIMMY
Address: 21012 SW 97TH PLACE
City-St-Zip: MIAMI, FL 33189

Title: VD () Delete
Name: BECKER, RICARDO
Address: 15048 SW 71 LN
City-St-Zip: MIAMI, FL 33193

Title: TD () Delete
Name: WYNNS, RANDOLPH
Address: 1412 W 44 TERR
City-St-Zip: HIALEAH, FL 33012

Title: PD () Delete
Name: VILLACIS, FERNANDO
Address: 1316 NE 105TH STREET APT. 202
City-St-Zip: MIAMI, FL 33138

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FERNANDO VILLACIS

PD

07/10/2005

Electronic Signature of Signing Officer or Director

Date