2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90050 016 ****61.25

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DOCUMENT # N05000003237

1. Entity Name

NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC.



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Principal Place 7134 N W 15 MIAMI, FL 3	ST AVE	s	P01	g Address BOX 640066 11, FL 33164		' .	•	•	* * .								
2. Principal Place of Business - No P.O. Box #			3. Mai	3. Mailing Address												.U. 11 LUL!	
Suite, Apt. #, etc.			Şu	Suite, Apt. #, etc.				040	82008	Ch	ng-NP	~	CR2E	 037 (12/	06)		
City & State			Cit	City & State				4. F	El Numb	er					Apı	olied For	
				Zip Country					0-446	369	2					Applicable	
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	6. Name	and Address of Curr	ent Registere	ed Agent				7. N	ame and	d Add	ress of N	lew Reg	gisterec	Agent			
FRANCIO	S, RAYMO	OND				Name											
7134 N W 1ST AVE MIAMI, FL 33150							Street Address (P.O. Box Number is Not Acceptable)										
1411/21411, 1 L	33130																
						City							F	L Zip	Code	1	
	named entit	y submits this statemer	nt for the purp	ose of changing its	register	ed office or	registere	ed age	ent, or bo	oth, in	the State	of Flori	da. Lar	n familiar	with, a	and accept	
ine obligat		ereo agent															
SIGNATURE		<u> </u>			<u></u>												
	Signature, typed	or printed name of registered a	igent and title if app	olicable. (NOTE	: Registere	d Agent signatu	re required v	when rei	nstating)				DATE				
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			_	\$5.0	0 мау (Be		Mal	ke ché	ck paya			
	Due by N	lay 1, 2008		Trust Fund (Contribut	ion.	U .		to Fees			Florid	la Depi	urtment	of St	ate	
10.	Due by M	May 1, 2008 OFFICERS AND	DIRECTORS		Contribut	ion.	·	Added		3	ES TO OF						
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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:

RAYMOND FRANCOIL

4-17-4

Daytime Phone #