2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003237

FILED Apr 28, 2009 Secretary of State

Entity Name: NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC.

Current P	rincipal Place	of Business:	New Fillicit	oal Place of Business:
7134 N W MIAMI, FL				
Current M	lailing Addres	s:	New Mailing	g Address:
P O BOX 6 MIAMI, FL				
FEI Number	: 20-4463692	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:
FRANCIO: 7134 N W MIAMI, FL				
	named entity s of Florida.	ubmits this statement for the pu	ırpose of changing its	registered office or registered agent, or both
SIGNATUI	RE:			
SIGNATUI		c Signature of Registered Age	nt	Date
SIGNATUI OFFICER:				Date /CHANGES TO OFFICERS AND DIRECTO
OFFICER: Title: Name: Address:	Electroni	ORS: Delete ST		
	Electroni S AND DIRECT D () CEAC, PIERRE 2001 N W 32ND MIAMI, FL 3314	CORS: Delete ST 2 US Delete NUEL AVENUE	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	D () CEAC, PIERRE 2001 N W 32ND MIAMI, FL 3314 TS () CHERVIL, EMM 11000 NE 3RD / MIAMI, FL 3316	CORS: Delete ST 2 US Delete NVUEL NVENUE 1 US Delete RRIS M PLACE	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () CEAC, PIERRE 2001 N W 32ND MIAMI, FL 3314 TS () CHERVIL, EMM/ 11000 NE 3RD / MIAMI, FL 3316 TT () EVARISTE, MOF 19730 NW 6TH MIAMI, FL 3316	CORS: Delete ST 2 US Delete NUEL NVENUE 1 US Delete RRIS M PLACE 9 US Delete MOND AVE	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: RAYMOND FRANCOIS D 04/28/2009