2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 07, 2008 8:00 am Secretary of State DOCUMENT # N06000000403 03-07-2008 90045 037 ****61.25 FLORIDA INDEPENDENT LIMO DRIVERS ASSOCIATION, INC Principal Place of Business Mailing Address 7212 SW 21 STREET MIAMI FL 33155 7212 SW 21 STREET **MIAMI FL 33155** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 83-0457992 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IZQUIERDO, EMILIO JR. 7212 SW 21ST STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** City Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and ritle if approacie. (NOTE: Registered Agent signature regulated when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Addition ☐ Change IZQUIERDO, EMILIO JR NAME NAME 7212 SW 21 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZiP THIE Delete TITLE Change Addition REBOREDO, ENRIQUE NAME NAME 18924 NW 57TH AVE., 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TRS **⊠** Delete TITLE TITLE Change Addition GIUSEPLE, VICTORINO NARANJO, CARLOS MR NAME NAME STREET ADDRESS 3000 FLORIDA AVE STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NALLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

EMILIO ItQUIERDO JR. 2-26-08 (205) 345-4927

☐ Change

☐ Addition