

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002404

FILED
Apr 28, 2011
Secretary of State

Entity Name: THE VOICE OF BROWARD COUNTY TAXICAB DRIVERS, INC.

Current Principal Place of Business:

7157 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33013

New Principal Place of Business:

Current Mailing Address:

5840 N.W. 16TH PLACE APT. #1
SUNRISE, FL 33013

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, JEAN C
5840 N.W. 16TH PLACE UNIT #1
SUNRISE, FL 33313 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: P/D
Name: PIERRE, JEAN C
Address: 5840 N.W. 16TH PLACE UNIT #1
City-St-Zip: SUNRISE, FL 33023

Title: VP/D
Name: GILLES, JEAN L
Address: 7940 VENETIAN STREET
City-St-Zip: MIRAMAR, FL 33023

Title: S/D
Name: MARCELIN, JEAN
Address: 610 S.W. 14TH COURT
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T/D
Name: GEFFRARD, OMIAL
Address: 3617 RIVERLAND ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: AT/D
Name: JEAN-FRANCOIS, JACQUES
Address: 1291 N.W. 55TH AVE.
City-St-Zip: SUNRISE, FL 33313

Title: D
Name: AUGUSTE, GUTEAU
Address: 1141 N.W. 5TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: JEAN PIERRE

P/D

04/28/2011

Electronic Signature of Signing Officer or Director

Date