

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18908

FILED
Feb 11, 2005
Secretary of State

Entity Name: TRANSPORTATION INDUSTRY ASSOCIATION, INC.

Current Principal Place of Business:

5890 RODMAN STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5890 RODMAN STREET
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 59-2759019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT J. SIEDLECKI, M.D.
5890 RODMAN ST.
HOLLYWOOD, FL 33023 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: PDT () Delete
Name: LEVITT, MARK
Address: 5890 RODMAN ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: CAPUTO, KAREN N.,
Address: 5890 RODMAN ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: MD () Delete
Name: ROBERT J. SIEDLECKI,
Address: 5890 RODMAN ST.
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SIEDLECKI, CYNTHIA H
Address: 5890 RODMAN ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D (X) Change () Addition
Name: DAVIS, JOHN P
Address: 5890 RODMAN ST
City-St-Zip: HOLLYWOOD, FL 33023

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: ROBERT J. SIEDLECKI

MD

02/11/2005

Electronic Signature of Signing Officer or Director

Date