


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37870</b>	
1. Entity Name FLORIDA TRANSPORTATION SERVICES ASSOCIATION AND MEMBERS, INC.	

Principal Place of Business 3109 NW 27 AVENUE MIAMI, FL 33142 US	Mailing Address P.O. BOX 420769 MIAMI, FL 33242
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0206961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PIERRE-LOUIS, FERNAND 3109 NW 27 AVENUE MIAMI, FL 33142
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P PIERRE-LOUIS, FERNAND 3109 N.W. 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HERNANDEZ, CANDIDO 3109 N.W. 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY ST ZIP	TP LOPEZ, ENRIQUE 3109 N.W. 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY ST ZIP	D LOPEZ, ORLANDO 3109 N.W. 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERNANDEZ, GILBERTO 3109 N.W. 27TH AVENUE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY ST ZIP	

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IN THIS SPACE**

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04/18/05-80072-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	<b>AN. JOW</b> <b>208887777</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #