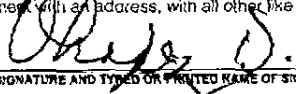


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N37870		
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
DO NOT WRITE IN THIS SPACE		
03212006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 65-0206961		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PIERRE-LOUIS, FERNAND 3109 NW 27 AVENUE MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	PIERRE-LOUIS, FERNAND	
STREET ADDRESS	3109 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	VP	
NAME	HERNANDEZ, CANDIDO	
STREET ADDRESS	3109 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	TP	
NAME	LOPEZ, ENRIQUE	
STREET ADDRESS	3109 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	
NAME	LOPEZ, ORLANDO	
STREET ADDRESS	3109 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	
NAME	HERNANDEZ, GILBERTO	
STREET ADDRESS	3109 N.W. 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE: 		305.888 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone