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	Mailing Address
3109 NW 27 AVENUE MIAMI, FL 33142 US	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

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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 _____
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	

000000430967
04/11/06-80011-020 61.25

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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: _____ 3.21.06 305.888.7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #