ANNUAL REPORT

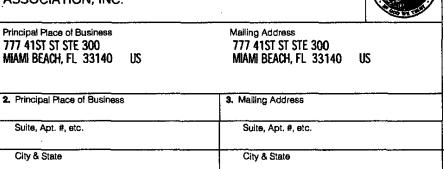
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FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90387 026 ****61.25

MIAM! BEACH TRANSPORTATION MANAGEMENT ASSOCIATION, INC.									



Principal Place of Business A. Mailing Address												
Suite, Apt. #, etc. Suite		uite, Apt. #, etc.	te, Apt. #, etc.			01062004	Chg-NP	CR2E037	7 (10/03)			
· ·	118 - 118 -	<u> </u>					-					
City & State	0	C	ity & State	/ & State			4. FEI Numbe 65-0628				plied For t Applicable	
Zip	Country	Zi	p Country		intry		············			8.75 Add		
		<u></u>				5. Certificate of Status Desired			' L F	Fee Required		
	6. Name and Address of Current	Register	ed Agent		7. Name and Address of New Registered Agent Name							
EVANS, JUDY												
777 41ST ST STE 330 MIAMI BEACH, FL 33140			Street Address (P.O. Box Number is Not Acceptable)									
MIANI BE	MON, FL 33140											
					City				FL	Zip Code		
8. The above	named entity submits this statement for	or the purp	pose of changing its	register	ed office or reg	glstered	agent, or bot	h, In the State of		miliar with,	and accept	
 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 ap	plicable. (NOTE	: Registere	d Agent signature re	equired w	hen reinstating)		DATE			
· · · · · · · · · · · · · · · · · · ·			<u> </u>					NAME OF STREET		na e penal		
			 Election Campaign Finance Trust Fund Contribution. 		- 40.00 may no			Make check Florida Depart		25 10 10 10 10 10 10 10 10 10 10 10 10 10		
Buc by May 1, 2004				IOI1. Loui		Added to Fees	10 E 14 O 14	e district				
10.	OFFICERS AND DI	RECTORS		11.	<u> </u>	AL	DITIONS/CHA	NGES TO OFFIC				
TITLE NAME	SCHWARTZ, GERALD K		Delete	TITL!	1					Change	☐ Addition	
STREET ADDRESS			ET ADDRESS									
CITY-ST-ZIP	MIAMI BEACH, FL 33139	The state of the s		-ST-ZIP								
TITLE	DVT		☐ Delete	IIIL						☐ Change	☐ Addition	
NAME	TISDALE, JAMES			NAM	E							
STREET ADDRESS	2950 NW 29 ROAD				ET ADDRESS							
CITY-ST-ZIP	BOCA RATON, FL 33431	······································	····	CITY	-ST-ZIP							
TITLE	DS SPIKA		Delete	πtu						☐ Change	☐ Addition	
NAME	BRIGHAM, ERIKA			NAM	- I							
STREET ADDRESS CITY-ST-ZIP	1411 COLLINS AVENUE MIAMI BEACH, FL 33139	∸.	نيت دعدنيست د		ET ADORESS_ - ST-ZIP		~		- ,	- •		
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STREET ADDRESS					ET ADDRESS							
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NAME				* NAM	1							
STREET ADDRESS				•	ET ADDRESS						;	
CITY-ST-ZIP				CITY	-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under cath; 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 priner like empowered.

SIGNATURE