

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105531

FILED
Apr 28, 2004
Secretary of State

Entity Name: NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC.

Current Principal Place of Business:

7134 NW 1ST AVENUE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

PO BOX 640066
MIAMI, FL 33164

New Mailing Address:

FEI Number: 01-0808922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, RAYMOND
7134 NW 1ST AVENUE
MIAMI, FL 33150

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CEAC, PIERRE
Address: 2001 NW 32ND ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MILORD, JOSEPH B
Address: 236 NE 28TH ST
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: EVARISTE, MORRIS M
Address: 19730 NW 6TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FRANCOIS, RAYMOND
Address: 11970 NE 16TH AVENUE
City-St-Zip: MIAMI, FL 33161

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILORD JOSEPH

D

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date