

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 038 ***150.00

DOCUMENT # P04000159480

1. Entity Name
**TRANSPORTATION MANAGEMENT SERVICES OF
BROWARD, INC.**



Principal Place of Business
**4875 W. FLAMINGO ROAD
TAMPA, FL 33611 US**

Mailing Address
**4875 W. FLAMINGO ROAD
TAMPA, FL 33611 US**

50057107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

830412289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCE, HAL
221 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MINARDI, DARRYL**
CITY-ST-ZIP **4875 W. FLAMINGO ROAD
TAMPA, FL 33611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V P**
STREET ADDRESS **CAMBAS, NICHOLAS A.**
CITY-ST-ZIP **7740 66TH STREET
PIKELEAS PARK, FL. 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darryl Minardi 6/16/05 813 610 3265



ATTACHMENT
50057107

July 19, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom it may Concern,

I am submitting an updated 2005 For Profit Corporation Annual Report (doc#P04000159480) per the Departments request sent June 13, 2005. Although I never received this correspondence in the mail, contact was made with the Department on July 19, 2005 by phone (Dept. Rep.Gary). Therefore, after a verbal explanation of what needed to be corrected, I am re-sending my Corporations Annual Report, and a new payment check.

If you have any questions or concerns, you may contact me at 813-610- 3268.

Sincerely,

A handwritten signature in black ink, appearing to read "Darryl Minardi", with a long, sweeping horizontal stroke extending to the right.

Darryl Minardi, President