2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S22985

1. Entity Name
YELLOW CAB OPERATORS ASSOCIATION CHARGE ACCOUNT DIVISION, INC.

Principal Place of Business	Mailing Address
3111 N.W. 27 AVE. MIAMI, FL 33142 US	P.O. BOX 420769 MIAMI, FL 33242 US

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1796180
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GILBERT A
3111 NW 27TH AVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERNANDEZ, GILBERTO
STREET ADDRESS	3111 N.W. 27 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	ENRIQUE, LOPEZ
STREET ADDRESS	3111 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	AMADOR, MARCOS
STREET ADDRESS	3111 N.W. 27 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PIERRE-LOUIS, FERNAND
STREET ADDRESS	3111 N.W. 27 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	LOPEZ, ORLANDO
STREET ADDRESS	3111 NW 27TH AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80055-016 150.00

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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: ORLANDO LOPEZ, V. V.P. 305 8887777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #