

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001888

**FILED  
Mar 22, 2015  
Secretary of State  
CC8528161033**

**Entity Name:** CABBIES ASSOCIATION INC.

**Current Principal Place of Business:**

6885 W 2 TH. COURT  
HIALIAH, FL 33017

**Current Mailing Address:**

P.O.B. 33101  
MIAMI, FL 33101 US

**FEI Number: 03-0508643**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORTES, JORGE PD  
6885 W 2 TH. COURT  
HIALIAH, FL 33017 US

*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

**Officer/Director Detail :**

Title PD  
Name CORTES, JORGE PD  
Address 6885 W 2 TH. COURT  
City-State-Zip: HIALIAH FL 33017

Title VP  
Name CORAL, HERNAN SR.  
Address P.O.B. 331011  
City-State-Zip: MIAMI FL 33101

Title SD  
Name GONZALEZ, ANGEL SD  
Address 6885 W 2 TH. COURT  
City-State-Zip: HIALIAH FL 33017

Title TD  
Name ARGUIJO, MARCOS TD  
Address 2772 SW 31 TH. AV.  
City-State-Zip: MIAMI FL 33133

Title ED  
Name VILLARAN, MAINOR SR.  
Address 4761 NW 2TH. TERRACE  
City-State-Zip: MIAMI FL 33126

Title ED  
Name VIVEROS, FAVIO ED  
Address 7787 SW 88 TH. STREET  
City-State-Zip: MIAMI FL 33143

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HERNAN CORAL**

**MEMBER**

**03/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date