


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 017 ****70.00

DOCUMENT # N02000001888

1. Entity Name
CABBIES ASSOCIATION INC.



Principal Place of Business
**1316 NE 105TH STREET
 APT. #202
 MIAMI FL 33138**

Mailing Address
**1316 NE 105TH STREET
 APT. #202
 MIAMI FL 33138**

J4U10003



MOORE CR2E037 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
03-0508643

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
**VILLACIS, FERNANDO
 1316 NE 105TH STREET APT. 202
 MIAMI SHORE FL 33138**

7. Name and Address of New Registered Agent

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 \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLERENA, JORGE <input type="checkbox"/> Delete 10250 NW 80TH CT. MIAMI FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKER, RICARDO <input type="checkbox"/> Delete 15048 SW 71 LN MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WYNNS, RANDOLPH <input type="checkbox"/> Delete 1412 W 44 TERR HIALEAH FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLACIS, FERNANDO <input type="checkbox"/> Delete 1316 NE 105TH STREET APT. 202 MIAMI FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SALAZAR, JIMMY 21012 SW 97th PLACE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 other like empowered.

SIGNATURE:  **FERNANDO VILLACIS PD** 4/27/04 305-972-9382
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #