

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054453

FILED
Jan 31, 2004
Secretary of State

Entity Name: ALL PRO TRAFFIC SCHOOL, INC.

Current Principal Place of Business:

19950 S.W. 3RD PLACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19950 S.W. 3RD PLACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1079958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGUES, ANTONIO
19950 S.W. 3RD PLACE
PEMBROKE PINES, FL 33029

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: PD () Delete
Name: EGUES, ANTONIO
Address: 19950 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 330291251

Title: TD () Delete
Name: EGUES, LOURDES
Address: 19950 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 330291251

Title: D () Delete
Name: NIEVES, ANAMARY
Address: 15569 MIAMI LAKEWAY NORTH #101
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD () Delete
Name: EGUES, ANTONIO J
Address: 19950 S.W. 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 330291251

Title: AS () Delete
Name: RODRIGUEZ, MARIA L
Address: 5396 W. 24TH AVENUE
City-St-Zip: HIALEAH, FL 33016

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

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

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: ANTONIO EGUES

PD

01/31/2004

Electronic Signature of Signing Officer or Director

_____ Date