FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91011 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000125018

1. Entity Name
ALAMO DRIVING SCHOOL, INC.

54042212

Principal Place of Business	Mailing Address
161 SUNNY ISLES BLVD. (163RD ST) SUNNY ISLES, FL 33160	161 SUNNY ISLES BLVD. (163RD ST) SUNNY ISLES, FL 33160

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3600 S. STATE RD. 7	720 N. 65 TERRACE
Suite, Apt. #, etc. 363	Suite, Apt. #, etc.
City & State MIRAMAR, FL	City & State HOLLYWOOD, FL
Zip 33023 Country USA	Zip 33024 Country USA

4. FEI Number 54-2084468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLANO, GUILLERMO
1012 N. PARK RD.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name LLANO, GUILLERMO
Street Address (P.O. Box Number is Not Acceptable) 720 N. 65 TERRACE
City HOLLYWOOD, FL Zip Code 33024

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 $150.00
After May 1, 2004 Fee will be $550.00

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	P ☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	LLANO, GUILLERMO	NAME	LLANO, GUILLERMO
STREET ADDRESS	1012 N. PARK RD	STREET ADDRESS	720 N. 65 TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ______ 4/22/04 954-964-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #