

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081701

FILED
Apr 21, 2008
Secretary of State

Entity Name: DRIVING SOLUTIONS OF MIAMI, INC.

Current Principal Place of Business:

10416 W MCNAB RD
TAMARAC, FL 33321

New Principal Place of Business:

7247 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

10416 W MCNAB RD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-2976509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERRANTE, CATHLEEN
10416 W MCNAB RD
TAMARAC, FL 33062 US

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: P () Delete
Name: RUSHEFSKY, STEVEN
Address: 11130 NW 24 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: TURNER, DONALD
Address: 7032 NANDINA LANE
City-St-Zip: TAMARAC, FL 33321

Title: ST () Delete
Name: INTERRANTE, CATHLEEN
Address: 740 S FEDERAL HIGHWAY #512
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SHERMAN, JONATHAN
Address: 7256 NW 61 TERRACE
City-St-Zip: PARKLAND, FL 33067

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN RUSHEFSKY

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date