

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081701

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: DRIVING SOLUTIONS OF MIAMI, INC.

**Current Principal Place of Business:**

7247 SW 40 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

**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 (X) 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: CATHLEEN INTERRANTE

S

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date