2005 FOR PROFIT CORPORATION

SIGNATURE:

## **FILED ANNUAL REPORT** Feb 16, 2005 08:00 AM **DOCUMENT # P94000020626 Secretary of State** DADE TRAFFIC SCHOOL PROGRAMS INC. Principal Place of Business Mailing Address 1321 S.W. 107 AVE. 1321 S.W. 107 AVE. # 213A # 213A MIAMI, FL 33174 MIAMI, FL 33174 CR2E034 (10/03) 01162005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0494042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MUNOZ, ALBERTO DO NOT WRITE 440 E. 23 STREET # 1316 IN THIS SPACE HIALEAH, FL 33013 3. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE U0000231453 02/16/05-80028-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MUNOZ, ALBERTO 440 E. 23 STREET. # 1316 STREET ADDRESS HIALEAH, FL 33013 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS 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 trusted 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.

ZATITED NAME OF SIGNING OFFICER OR DIRECTOR

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