

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000081701

**Entity Name:** DRIVING SOLUTIONS OF MIAMI, INC.

**Current Principal Place of Business:**

7247 SW 40 ST  
MIAMI, FL 33155

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC2604316521**

**Current Mailing Address:**

1440 CORAL RIDGE DRIVE  
SUITE 299  
CORAL SPRINGS, FL 33071 US

**FEI Number: 20-2976509**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INTERRANTE, CATHLEEN  
1440 CORAL RIDGE DRIVE  
SUITE 299  
CORAL SPRINGS, FL 33071 US

*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

**Officer/Director Detail :**

Title P  
Name RUSHEFSKY, STEVEN  
Address 11130 NW 24 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name INTERRANTE, CATHLEEN M  
Address 740 S FEDERAL HIGHWAY # 512  
City-State-Zip: POMPANO BEACH FL 33062

Title T  
Name INTERRANTE, CATHLEEN  
Address 740 S FEDERAL HIGHWAY #512  
City-State-Zip: POMPANO BEACH FL 33062

*I hereby 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 all other like empowered.*

**SIGNATURE: CATHLEEN INTERRANTE**

**SECRETARY**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date