

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90010 033 \*\*\*158.75

**DOCUMENT # 563910**

1. Entity Name  
AA AUTO DRIVING SCHOOL, INC.



Principal Place of Business  
7305 W FLAGLER ST  
MIAMI, FL 33144

Mailing Address  
7305 W FLAGLER ST  
MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

40010000



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1810652

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COLMENERO, REYNALDO  
4380 SW 5th ST  
MIAMI, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

*Reynaldo Colmenero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	COLMENERO, REYNALDO
STREET ADDRESS	4380 SW 5TH STREET
CITY - ST - ZIP	MIAMI, FL 33134
TITLE	SD
NAME	COLMENERO, ESPERANZA J.
STREET ADDRESS	7305 W FLAGLER ST
CITY - ST - ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Reynaldo Colmenero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

305-476-0101

Daytime Phone #