

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G34920 +

1. Entity Name
BLANCO DRIVING SCHOOL, INC.



Principal Place of Business
947 NE 125 ST
NORTH MIAMI BEACHE, FL 33161 US

Mailing Address
947 NE 125 ST
NORTH MIAMI BEACHE, FL 33161 US

FILED
03 JUL 21 AM 11:01
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06232008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2285870

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, RAUL
147 NW 93 AV, BLDG 5
PENBROKE PINES, FL 33024

Name
RODRIGO ARIAS
Street Address (P.O. Box Number is Not Acceptable)

947 NE 125 ST
City
NORTH MIAMI BEACH FL 33161

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MARIN, RAUL
147 NW 93 AV, BLDG 5
PENBROKE PINES, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
RODRIGO ARIAS
947 NE 125 ST
NORTH MIAMI BEACH FL 33161 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200133392782
07/24/08--01027--005 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #