


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N93000002217</b>		
1. Entity Name HIGHWAY SAFETY AND MOTOR VEHICLES ADVISORY COMMITTEE, INC.		
Principal Place of Business DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES NEIL KIRKMAN BLDG / B435 TALLAHASSEE, FL 32399	Mailing Address DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES NEIL KIRKMAN BLDG / B435 TALLAHASSEE, FL 32399	

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3203247	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAMBERT, SANDRA C DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES NEIL-KIRKMAN BLDG / B435 TALLAHASSEE, FL 32399	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEIN, MICHAEL A 200 SOUTH BISCAYNE BOULEVARD, #4450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BANGO, FRANK 7500 NW 52ND STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BURGOS, MODESTO W 2515 W FLAGLER STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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*Handwritten signature/initials*

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 617, 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: *Sandra C. Lambert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sandra C. Lambert

1-20-06 414-2426  
Date Daytime Phone #