

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002217

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** HIGHWAY SAFETY AND MOTOR VEHICLES ADVISORY COMMITTEE, INC.

**Current Principal Place of Business:**

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / B435  
TALLAHASSEE, FL 32399

**New Principal Place of Business:**

**Current Mailing Address:**

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / B435  
TALLAHASSEE, FL 32399

**New Mailing Address:**

**FEI Number:** 59-3203247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMBERT, SANDRA C  
DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / B435  
TALLAHASSEE, FL 32399 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GONZALEZ, ALEXANDER L  
Address: 15476 NW 77 CT. #321  
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VP  
Name: GONZALEZ, EDUARDO  
Address: 11720 S.W. 113 PLACE  
City-St-Zip: MIAMI, FL 33176 US

Title: ST  
Name: BURGOS, MODESTO W  
Address: 2515 W FLAGLER STREET  
City-St-Zip: MIAMI, FL 33135 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MODESTO BURGOS

SEC

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

N93000002217  
4-22-10

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STATE OF FLORIDA VOUCHER SCHEDULE		DATE 04/22/2010		S-W/Agency Voucher No.	
GLO 760000 JT-2				D00-0059-4556	
DEPARTMENT DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES				018088	
SITE DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES				A	
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE 25	TRANS CODE 45	
CFO ACCOUNT NAME					
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT	
76202009001-7625090000-04000000		4930	61.25		
HIGHWAY SAFETY OPERATING TRUST EXPENSES					
INV: A20457	61.25				
45101000132-4530010000-00010000					61.25
GENERAL REVENUE FUND FEES					
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL	TOTAL	
			61.25	61.25	
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of			For State Comptroller's Use Only		
			Time In		
APPROVED: <i>Diana B. Vaughn</i>					
TITLE: CHIEF OF FINANCE AND ACCOUNTING			Audited By		

AGENCY COPY

ok to pay  
4/21/10

STATE OF FLORIDA OLO DEPARTMENT - HSMV SITE		VOUCHER SCHEDULE JT-2		PAGE NO. 4/21/2010	S-W/Agency Voucher No. 18088
Department of State	OBJECT CODE	TRANS CODE	TRANS CODE		
		AMOUNT	AMOUNT		
76-20-2-009001-76250900-00-400000-00	493000	\$ 61.25			
45-10-1-000132-45300100-00-000100-00	001000		\$ 61.25		
		TOTAL \$ 61.25	TOTAL \$ 61.25		
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.		FOR STATE COMPTROLLER'S USE ONLY			
APPROVED:		Time In TR 70 4/21/10 SR	km		
TITLE					

VOUCHER # 18088  
TR 70

VOUCHER TOTAL \$	61.25
AUDITORS INITIALS	km
DATE SUBMITTED	04/20/10