2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED					
May 05, 2004 8:00 an	n				
Secretary of State					
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ALL AME	ne	RIVING SCHOOL C	ORP.				05-05-200	902	03 049	9 ***150	.00	
Principal Plac	ce of Busines	s	Mailing Address						- .			
Principal Place of Business 11865 S.W. 26TH ST SUITE G-7 MIAMI FL 33175 Mailing Address 11865 S.W. 26TH ST SUITE G-7 MIAMI FL 33175						1 promodi ili dolli degi ex	· ~ ·	IIII ee e e e			1 1 14 1 4 1 1	
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				MOORE	C	R2E03	4 (11/03))	
City & State		City & State			4. FEI Number 65-1007214					+	ied For Applicable	
Zip		Country	Zip	Country		5. Certif	icate of Status Des	ired		\$8.75 Fee Req		onal
	6. Name	and Address of Current F	Registered Agent			7. Name	and Address of N	iew Re	gistered	l Agent		
044		7 DANGON A		Name)							_
118	NTACRUZ 65 S.W. 2 TE G-7	Z, RAMON A 26TH ST		Stree	Address (f	P.O. Box N	lumber is Not Acce	ptable)				
	MI FL 33	175										
				City					F	L Zip C	Code	
	named entit		the purpose of changing its i	egistered office	or register	ed agent, o	or both, in the State	of Flor	ida. Lar	n familiar w	ith, an	nd accept
SIGNATURE	Signature, typeg	fa ulf		A. SAN					DATE	04 -	26-	2004
Afte	r May 1/20	!! FEE IS \$150 00 04 Fee will be \$550.00 o Florida Department of	State				9. Election Campal Trust Fund Conti	-	_			May Be Fees
Afte	r May 1/20	04 Fee will be \$550.00	HELPHER (1975)	11:			•	ribution.		∐ Ad	lded to	Fees
Afte Make Chec 10. TIME	r May 1/200 k Payable to	04 Fee will be \$550.00 o Florida Department of OFFICERS AND D	HELPHER (1975)	TITLE			Trust Fund Conti	ribution.		∐ Ad	ORS II	Fees
Afte Make Chec 10. TITLE - NAME	r May 1/200 k Payable to PD SANTACR	04 Fee will be \$550.00 o Florida Department of OFFICERS AND D UZ, RAMON A	DIRECTORS	TITLE NAME			Trust Fund Conti	ribution.		D DIRECT	ORS II	N 11
Afte Make Check 10. TITLE - NAME STREET ADDRESS	PD SANTACRI	04 Fee will be \$550.00 o Florida Department of OFFICERS AND D UZ, RAMON A 17TH TERRACE	DIRECTORS	TITLE NAME STREET ADDRES	S		Trust Fund Conti	ribution.		D DIRECT	ORS II	N 11
Afte Make Check 10. TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD SANTACRI 7120 S.W.	04 Fee will be \$550.00 o Florida Department of OFFICERS AND D UZ, RAMON A 17TH TERRACE	DIRECTORS	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		Trust Fund Conti	ribution.		☐ Ad	ORS II	N 11 Addition
Afte Make Check 10. TITLE - NAME STREET ADDRESS	PD SANTACRI	OFFICERS AND E UZ, RAMON A 17TH TERRACE 33155	DIRECTORS	TITLE NAME STREET ADDRES	S		Trust Fund Conti	ribution.		D DIRECT	ORS II	N 11
Afte Make Check 10. TITLE - NAME STREET ADDRESS CITY-SI-ZIP TITLE	PD SANTACRI 7120 S.W. MIAMI FL PD JOSE 14354	Of Fee will be \$550.00 o Florida Department of OFFICERS AND E UZ, RAMON A 17TH TERRACE 33155 R. Cabello Sur 90 Terra	DIRECTORS Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE			Trust Fund Conti	ribution.		☐ Ad	ORS II	N 11 Addition
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. CABELLO

04-26-2004

Date

Daytime Phone #

3.

attachment 24071138 4 POODOOCNERO

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

est est	
I. RAMON A SANTA CRUZ PACHECO hereby resign as DIRECTOR	
(Title)	-
of ALL AMERICAN DRIVING SCHOOL CORP.	
(Name of Corporation)	,
P00000047306 a corporation organized under the laws of the State of	
(Document Number, if known)	
FLORIDA	
Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

P.01/04:

Page 1 of 2

Division of Corporations



Florida Profit

ALL AMERICAN DRIVING SCHOOL CORP.

PRINCIPAL ADDRESS

11865 S.W. 26TH ST SUITE G-7 MIAMI FL 33175

MAILING ADDRESS

11865 S.W. 26TH ST SUITE G-7 MIAMI FL 33175

P00000047306

3,

State FL FEI Number 651007214

Status ACTIVE Date Filed 05/11/2000

Effective Date NONE

Registered Agent

Name & Address

SANTACRUZ, RAMON A |1865 S.W. 26TH ST | SUITE G-7 | MIAMI FL 33175

Officer/Director Detail

Name & Address	Title
SANTACRUZ, RAMON A 7120 S.W. 17TH TERRACE	PD.
MIAMI FL 33155	

Annual Reports

Report Year	Filed Date