

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90060 028 \*\*\*150.00

DOCUMENT # P01000050663

1. Entity Name

ADVANTAGE TRAFFIC SCHOOL INC.



Principal Place of Business  
2818 NW 22ND AVENUE #6  
MIAMI FL 33142

Mailing Address  
2818 NW 22ND AVENUE #6  
MIAMI FL 33142



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1139335

Applied For  
Not Applicable

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

SMITH, ANDRES  
6125 NW 113TH TERR  
MIAMI FL 33012

Name JOSE FIGUEROA  
Street Address (P.O. Box Number is Not Acceptable)  
17320 NW 37 AVE  
City MIAMI GARDENS FL Zip Code 33057

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 *Jose Figueroa*

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

(NOTE: Registered Agent signature required when reinstating)

2/2/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	P MAHY, ENRIQUE L 2401 NE 187 ST MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIGUEROA, JOSE D 17320 NW 37TH AVE CAROL CITY FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Jose Figueroa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 (305) 815-7274  
Date Daytime Phone #