


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000077983 1. Entity Name MARIA DRIVING SCHOOL CORP.	
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Principal Place of Business 4966 S.W. 143 COURT MIAMI, FL 33175	Mailing Address 4966 S.W. 143 COURT MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1128551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOAL, OLGA MARIA 4966 S.W. 143 COURT MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOAL, OLGA MARIA 4966 S.W. 143 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PENA, OSVALDO M 30040 S.W. 147 AVENUE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/08/08-80069-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 **01/29/08** Daytime Phone # _____