


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90001 006 \*\*\*150.00

<b>DOCUMENT # P01000083923</b> 1. Entity Name <b>PRESTIGE DRIVING SCHOOL, CORP.</b>			
Principal Place of Business <b>1750 WEST 56TH ST #205 HIALEAH, FL 33012</b>		Mailing Address <b>1750 WEST 56TH ST #205 HIALEAH, FL 33012</b>	
2. Principal Place of Business <b>2050 W 56 ST</b> Suite, Apt. #, etc. <b>STE. # 20</b> City & State <b>HIALEAH, FL</b> Zip <b>33016</b>		3. Mailing Address <b>2050 W 56 ST</b> Suite, Apt. #, etc. <b>STE. # 20</b> City & State <b>HIALEAH, FL</b> Zip <b>33016</b>	
4. FEI Number <b>65-1134234</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE ZAYAS, MARTHA 1750 WEST 56TH ST #205 HIALEAH, FL 33012</b>		7. Name and Address of New Registered Agent Name <b>DE ZAYAS, MARTHA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2050 W 56ST STE. # 20</b> City <b>HIALEAH</b>	
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 <u><i>Martha de Zayas</i></u> <span style="float: right;">DATE <u>2/10/06</u></span> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PADRON, MIRIAM 5500 WEST 14TH LANE HIALEAH, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DE ZAYAS, MARTHA J 1750 WEST 56TH ST 205 HIALEAH, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>NARANJO, MIRTA 2613 WEST 70 PLACE HIALEAH, FL 33016</b>	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Martha de Zayas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/10/06</u> Daytime Phone # <u>305-231-7373</u>	