## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000054379

FILED Feb 18, 2008 Secretary of State

Entity Name: A + COMEDY TRAFFIC SCHOOL, INC. **Current Principal Place of Business: New Principal Place of Business:** 23014 SANDALFOOT PLAZA DR. C/O EXCLUSIVE INSURANCE BOCA RATON, FL 33428 **Current Mailing Address: New Mailing Address:** 23014 SANDALFOOT PLAZA DR. C/O EXCLUSIVE INSURANCE BOCA RATON, FL 33428 FEI Number: 01-0697578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORES, JON 23014 SANDALFOOT PLAZA DR. C/O EXCLUSIVE INSURANCE BOCA RATON, FL 33428 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition MOORES, ANA MOORES, ANA Name: 23014 SANDALFOOT PLAZA DR 23014 SANDALFOOT PLAZA DR Address: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428

Title: Name: Address: City-St-Zip: Title: VPD Title: PD () Delete (X) Change ( ) Addition Name: MOORES, JON Name: MOORES, JON 23014 SANDALFOOT PLAZA DR 23014 SANDALFOOT PLAZA DR Address: Address: BOCA RATON, FL 33428 BOCA RATON, FL 33428 City-St-Zip: City-St-Zip:

( ) Change (X) Addition Title: Title: () Delete MNGR PEREIRA, APARECIDA Name: Name: 23014 SANDALFOOT PLZA DR Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON MOORES **PRES** 02/18/2008