

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000132780

1. Entity Name

ALFA TRAFFIC SCHOOL, INC.



Principal Place of Business

606 EAST 9TH STREET
HIALEAH, FL 33010

Mailing Address

606 EAST 9TH STREET
HIALEAH, FL 33010



04282005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2087364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BLAKE, PAULINE
606 EAST 9TH STREET
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GARRICK, KURT
606 EAST 9TH STREET
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
GARRICK, CHERRIANA
606 EAST 9TH STREET
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000352001
05/03/05-80010-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT GARRICK

04/29/05

254 322-0704

Date

Daytime Phone #