

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90082 042 ***150.00

DOCUMENT # P03000092078

1. Entity Name
ON THE ROAD AGAIN TRAFFIC SCHOOL, INC.



Principal Place of Business
**1101 BRICKELL AVE., SUITE 900
MIAMI, FL 33131**

Mailing Address
**1101 BRICKELL AVE., SUITE 900
MIAMI, FL 33131**



2. Principal Place of Business
**4000 Hollywood Blvd.
Suite 375 South**

3. Mailing Address
**4000 Hollywood Blvd.
Suite 375 South**

04132006 Chg-P CR2E034 (11/05)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Zip
33021

Country
U.S.A.

Zip
33021

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VOVA, PHILIP S
1101 BRICKELL AVE., SUITE 900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Vova, Philip S.

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd., Suite 375 South

City
Hollywood,

FL

Zip **33021**

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]

Philip S. Vova

4/17/06

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, 2006 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	PD VOVA, PHILIP S 1101 BRICKELL AVE., SUITE 900 MIAMI, FL 33131	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vova, Philip S. 4000 Hollywood Blvd., Suite 375 South Hollywood, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

[Signature]
Pres. Philip S. Vova. Pres

4/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #