2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080373

1. Entity Name

A 123 TRAFFIC SCHOOL, INC.



Principal Place of Business

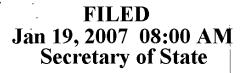
5300 WEST 21 COURT

SUITE 108 HIALEAH, FL 33016 Mailing Address

5300 WEST 21 COURT

SUITE 108

HIALEAH, FL 33016





DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

Maria Alavedra

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE:

1172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-1195174 Not Applicable

5. Certificate of Status Desired

01/17/2007

\$8.75 Additional Fee Required

305-262-6722

Daytime Phone ∉

ALAVEDRA, MARIA 5300 WEST 21 COURT SUITE 108 HIALEAH, FL 33016

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 ill appricable. (NOTE: Registered Agent algositure required when reinstating) DATE | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financ Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ALAVEDRA, MARIA S 5300 WEST 21 COURT HIALEAH, FL 33016 | | , . | | 000000593536 01/22/07-80035-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | _ | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | : : | , | IN T | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | : | |
| 12. Thereby certify that the information supplied with this filling 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. | | | | | |