


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90015 003 ***150.00

DOCUMENT # P05000127211 1. Entity Name INTERNATIONAL TRAFFIC SCHOOL INC.			
Principal Place of Business 655 N MILITARY TRL 3 WEST PALM BEACH, FL 33415		Mailing Address 655 N MILITARY TRL 3 WEST PALM BEACH, FL 33415	
2. Principal Place of Business - No P.O. Box # <u>5430 10TH AVE N.</u> Suite, Apt. #, etc. <u>C</u>		3. Mailing Address <u>5430 10TH AVE N.</u> Suite, Apt. #, etc. <u>C</u>	
- City & State - <u>GREENACRES FL</u>		City & State <u>GREENACRES FL</u>	
Zip <u>33463</u>	Country <u>USA</u>	Zip <u>33463</u>	Country <u>USA</u>
4. FEI Number 56-2529888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, VICTORIA 655 N MILITARY TRL 3 WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name <u>VICTORIA RODRIGUEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>5430 10TH AVE N</u> <u>#C</u> City <u>GREENACRES</u> <u>FL</u> Zip Code <u>33463</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVANS, PATTY 2257 CHICKCHARNIES WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, VICKY 902 9TH WAY WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>04-07-08</u> Date Daytime Phone #	