

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90191 031 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P06000000668 1. Entity Name MERCE'S DRIVING SCHOOL INC | | | |  | |
| Principal Place of Business 2972 NW 199TH TERRACE MIAMI GARDENS, FL 33056 US | | | Mailing Address 2972 NW 199TH TERRACE MIAMI GARDENS, FL 33056 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 20-4040899 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORA, MERCEDES 2972 NW 199TH TERRACE MIAMI GARDENS, FL 33056 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE <u>Mercedes Mora Mercedes Mora</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>05-23-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P,D MORA, MERCEDES 2972 NW 199TH TERRACE MIAMI GARDENS, FL 33056 | | 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"/> Change <input type="checkbox"/> Addition | |
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| 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>Mercedes Mora Mercedes Mora</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date <u>05-23-08</u> <small>Daytime Phone #</small> | | | | | |