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Apr 28, 2008 8:00 am
Secretary of State

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04-02-2008 90030 044 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000093714

1. Entity Name
THE HIGHWAY SAFETY AUTHORITY, INC.

66008115

Principal Place of Business	Mailing Address
7040 W PALMETTO PARK ROAD 4-215 BOCA RATON, FL 33433 US	7040 W PALMETTO PARK ROAD 4-215 BOCA RATON, FL 33433 US

02172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6550 N Federal Highway		7040 W Palmetto Park Road	
Suite, Apt. #, etc.: Suite 240		Suite, Apt. #, etc.: # 4-190	
City & State: Ft Lauderdale, FL		City & State: Boca Raton, FL	
Zip: 33308	Country: Broward	Zip: 33433	Country: Palm Beach

4. FEI Number 26-0748852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLOSBERG, IRVING
7040 W PALMETTO PARK ROAD
4-215
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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, D SLOSBERG, IRVING 7040 W PALMETTO PARK ROAD, #4-215 BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________________ 3-29-08 561-699-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #