

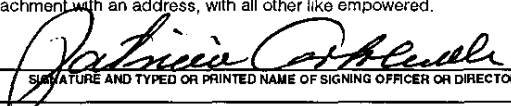


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90065 031 \*\*\*158.75

<b>DOCUMENT # P94000081795</b> 1. Entity Name <b>ANOTHER DRIVING SCHOOL, INC.</b>					
Principal Place of Business <b>183 SUNNY ISLES BLVD</b> <b>SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>7098 BONITA DRIVE</b> <b>MIAMI BEACH, FL 33141</b>		
2. Principal Place of Business <b>17100 COLLINS AVENUE</b> Suite, Apt. #, etc. <b># 215</b>		3. Mailing Address <b>7098 BONITA DRIVE</b> Suite, Apt. #, etc.			
City & State <b>SUNNY ISLES BEACH, FL</b> Zip <b>33160</b>		City & State <b>MIAMI BEACH, FL</b> Zip <b>33141</b>		4. FEI Number <b>65-0548532</b>	
Country <b>US</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				01162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ARBOLEDA, PATRICIA Y</b> <b>20301 WEST COUNTRY CLUB DR #1222</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <b>ARBOLEDA, PATRICIA</b> <b>20301 WEST COUNTRY CLUB DR #1222</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
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			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>PRESIDENTA</b> <b>01-16-04</b> <b>305 9400067</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					