

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90203 044 \*\*\*150.00

14005207



<b>DOCUMENT # P97000061693</b> 1. Entity Name ALL FLORIDA DRIVER IMPROVEMENT SCHOOL CENTRAL INC.																																																					
Principal Place of Business 3800 N.W. 11TH STREET MIAMI, FL 33126			Mailing Address 3800 N.W. 11TH STREET MIAMI, FL 33126																																																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number 65-0769246																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																	
6. Name and Address of Current Registered Agent  EGUES, RANDY 3800 N.W. 11TH STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11770 SW 24 <sup>TH</sup> Terrace City Miami FL Zip Code 33175																																																		
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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           P            EGUES, RANDY            3800 N.W. 11TH STREET            MIAMI, FL 33126         </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGUES, RANDY 3800 N.W. 11TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           Secretary            11770 SW 24<sup>TH</sup> Terrace            Miami FL 33175         </td> <td style="width: 10%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 11770 SW 24 <sup>TH</sup> Terrace Miami FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGUES, RANDY 3800 N.W. 11TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 11770 SW 24 <sup>TH</sup> Terrace Miami FL 33175	<input type="checkbox"/> Change <input checked="" 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.																																																					
SIGNATURE: <u>Randy Egues</u> 4/25/05 (305) 541-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					