## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # P98000035335					01-31-2005 90069 012 ***150.00			
INC	AST FLORIDA MOTORCY	CLE SAFETY SCHOOL	,					
		sages et also to the		The state of the s				
Principal Place of Business		Mailing Address			Annne	n Translation	* ////:	
2734 NW 183 ST #201		BOX 398023			4.000958	9		
MIAMI, FL 33056		MIAMI BEACH, FL 33239						
			•		19181 (BIA) 1990 BYON BARR B	1111	18 <b>1</b>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005	Chg-P	CR2E034 (10/03)		
City & Stat	e	City & State	*			<del></del>	plied For t Applicable	
Zip	Country	Zip 1	Country	5. Certificate	of Status Desired a	□ \$8.75 Add		
	6 Name and Address of Current	Parlatered Appet				Fee Require	<u>d</u>	
	6. Name and Address of Current	negistered Agent	Name	7. Name and	Address of New Rec	gistered Agent		
BENVENITE, JACK 1626 A ALTON ROAD				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33-1339						· <del></del>	
			City		<u></u>	FL Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its reg	istered office or re	egistered agent, or bot	h, in the State of Florid	da. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature	required when reinstating)	<u></u>	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10,	OFFICERS AND	DIRECTORS'	11.		CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
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CITY-ST-ZIP	MIAMI, FL 33172		STREET ADDRESS CITY-ST-ZIP	17,00), MA	WE 1 220			
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2. I necesy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 305-430-9999

Daytime Pho