

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24882

FILED
Apr 08, 2009
Secretary of State

Entity Name: DRIVERS CLUB, INC.

Current Principal Place of Business:

1470 NE 125 TERR SUITE 503
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1470 NE 125 TERR SUITE 503
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0325130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOVLA, SEYED M MR.
1470 NE 125 TERR #503
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MOVLA, SEYED M MR.
Address: 1470 NE 125 TERR #503
City-St-Zip: MIAMI, FL 33161

Title: P () Delete
Name: LAJEVARDI, JAFAR M
Address: 2370 NE 214 ST.
City-St-Zip: MIAMI, FL 33180

Title: TR () Delete
Name: YAZDANPANAHI, FOROUGH M
Address: 1470 NE 125 TERR #503
City-St-Zip: MIAMI, FL 33161

Title: CFO () Delete
Name: PEDRO, CHACE S MR.
Address: 1470 NE 125TH TER. 503
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: AYAD, MAGDY MR.
Address: P O BOX 814654
City-St-Zip: HOLLYWOOD, FL 33081

Title: MGR () Delete
Name: MOVLA, JAHED
Address: 3701 SW 36 ST
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AYAD, MAGDY MR.
Address: 744 86 STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR (X) Change () Addition
Name: MOVLA, JAHED
Address: 12620 VISTA ISLES DR.
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYED M MOVLA

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date