2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

hereby certify that the information su indicated on this report or supplemen of the corporation or the receiver changed, or on an attachmer

SIGNATURE:

Mar 24, 2004 8:00 am DOCUMENT # P02000046168 **Secretary of State** 1. Entity Name 03-24-2004 90035 026 ***150.00 XPRESS RESCUE TOWING INC. Principal Place of Business Mailing Address 13940 SW 181 TERRACE MIAMI FL 33177 13940 SW 181 TERRACE MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 03-0439532 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name----DEFILLO, OLGA 18400 SW 129 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, GIOVANNI NAME NAME STREET ADDRESS 13940 SW 181 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition NAME DEFILLO, OLGA NAME 18400 SW 129 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP poled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information alreport is flue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director stee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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