2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPE

Feb 02, 2005 08:00 AM DOCUMENT # P02000046168 **Secretary of State** 1. Entity Name XPRÈSS RESCUE TOWING INC. Principal Place of Business Mailing Address 13940 SW 181 TERRACE 13940 SW 181 TERRACE MIAMI, FL 33177 MIAMI, FL 33177 01272005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0439532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEFILLO, OLGA 18400 SW 129 AVE. _ IN THIS SPACE MIAMI, FL 33177 8. The above named entity stilbmits 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. Signature, typed or printed name of registered agent and trile if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550,00 Added to Fees OFFICERS AND DIRECTORS 10. ija ipostar<u>as is</u> preta par r TITLE PD RODRIGUEZ, GIOVANNI NAME STREET ADDRESS 13940 SW 181 TERRACE CITY-ST-ZP MIAMI, FL 33177 VPD TITLE DEFILLO, OLGA NAME STREET ADDRESS 18400 SW 129 AVE. CITY-ST-ZIP MIAMI, FL 33177 TITLE NAMI STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DIY-SI-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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: DO PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR

FILED