

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 002 ***150.00

DOCUMENT # P05000107267 1. Entity Name FLORIDA'S FINEST TOWING & RECOVERY SPECIALIST, INC.	
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Principal Place of Business 1416 SOUTH DIXIE HWY. FT. LAUDERDALE, FL 33060	Mailing Address P. O. BOX 4406 HALLANDALE, FL 33008
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2. Principal Place of Business 4301 S. Flamingo Rd Suite, Apt. #, etc. Suite 103-109	3. Mailing Address Suite, Apt. #, etc.
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City & State Davie, FL	City & State
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Zip 33330	Country U.S.	Zip	Country
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3201852	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORAN, KARINA 1416 SOUTH DIXIE HWY. FT. LAUDERDALE, FL 33060	7. Name and Address of New Registered Agent Name Karina Pretell Moran Street Address (P.O. Box Number is Not Acceptable) 4301 S. Flamingo rd. City Davie FL Zip Code 33330
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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 Karina Moran vice-president 4-28-06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN, JOHN J P. O. BOX 4406 HALLANDALE, FL 33008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MORAN, KARINA P. O. BOX 4406 HALLANDALE, FL 33008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Moran Karina Karina Pretell 4301 S. Flamingo Rd. Davie, Florida 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karina Moran 4-28-06 786-285-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #