__2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

1. Entity Name FESTA TOWING SERVICE, INC.				03-15-2006	5 90089 024 ***150.00	
Principal Plac 220 S. DIXIE HOLLYWOOD	HIGHWAY	Mailing Address 220 S. DIXIE HIGHWAY HOLLYWOOD, FL 330		-		
	Place of Business The PK.		0 34 Th			
Suite, Apt. #, etc. Suite, Apt. #, etc.				01232006 Chg-P	CR2E034 (11/05)	
			7/9.	4. FEI Number 59-1849816	Applied For Not Applicable	
337	Y Gountry USA	33314	Country BISA	5. Certificate of Status Desire	d S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of Ne		
TOBIN, ARTHUR 220 S. DIXIE HWY.				ARTHUR Tobiw, JR. Street Address (P.O. Box Number is Not Acceptable)		
HOU XWOOD EL 33020 %				4971 SW 34 4	Plc.	
*		City 7	Aule	FL Zip Code		
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 HALLY / Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.		DFFICERS AND DIRECTORS IN 11	
TITLE NAME	P TOBIN, ARTHUR	Delete	TITLE NAME	ARTHUR TOBIN,	Change Addition	
STREET ADDRESS CITY-ST-ZIP	220 S DIXIE HWY HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP	49715W 34Th AC PANIE 7/9 3331		
TITLE	S	☐ Delete	TITLE			
NAME Street Address	FAILLA, KAREN 220 S DIXIE HWY	, , ,	NAME STREET ADDRESS	497/5w 34th pla Danie 7/a. 333,		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	Dance 770. 333,		
TITLE NAME		☐ Đelete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby of	certify that the information supplied with	this filing does not qualify for true and accurate and that it	or the exemptions of the exemption of the e	contained in Chapter 119, Florida Statute have the same legal effect as if made und	s. I turther certify that the information ler path; that I am an officer or director	

indicated on this report of suppremental report is true and accurate and intering signature shall have the same legal effect as it 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 attachmonomy in an address, with all other the empowered.