2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 614460

FILED Mar 24, 2009 Secretary of State

Entity Name: TED & STAN'S TOWING SERVICE, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
558 NW 30 MIAMI, FL	33127				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
658 NW 30 MIAMI, FL	33127				
El Number	: 59-1925809	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
19 W. FLA STE 507 MIAMI, FL	33130 US				
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	ent	Date	
		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR:	
OFFICERS Fitle: Name: Address:	mpaign Financing	Trust Fund Contribution (). FORS: Delete ESA MYKYTKA			
DFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	PTS () BARRETO, TER 435 SW 31 RD MIAMI, FL 3312	Trust Fund Contribution (). FORS: Delete ESA MYKYTKA 29 Delete NLEY THOMAS EET	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
	PTS () BARRETO, TER 435 SW 31 RD MIAMI, FL 3312 V () MYKYTKA, STA 760 NW 21 STR MIAMI, FL 3312	Trust Fund Contribution (). FORS: Delete ESA MYKYTKA 29 Delete NLEY THOMAS EET 27 Delete YN M DIR E	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition	
DFFICERS Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Name: Name: Name:	PTS () BARRETO, TER 435 SW 31 RD MIAMI, FL 3312 V () MYKYTKA, STA 760 NW 21 STR MIAMI, FL 3312 DIR () HIRSCH, MARIL 2628 SW 78 AV MIAMI, FL 3315 DIR () JAMES, MYKYT 190 - 55TH AVE	Trust Fund Contribution (). FORS: Delete ESA MYKYTKA 29 Delete NLEY THOMAS EET 27 Delete YN M DIR E 55 Delete KA M DIR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

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: STANLEY T MYKYTKA V 03/24/2009