2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F11972

1. Entity Name

EL TRIUNFO CORP. TOWING SERVICES



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90040 044 ***150.00

17802 SW FORT LAUI	DERDALE FL 33331-2208	Mailing Address 17802 SW 54TH ST FORT LAUDERDALE FL 33331-2208 3. Mailing Address			90005605			
2. Principa	al Place of Business							
Suite, A	pt. #, etc.	Suite, Apt. #, etc.						
City & S	tate	City & State			4. FEI Nur	4. FEI Number 50-1528135 Applied For		
Zip	Country	Zip	Country		<u> </u>	^{nber} 59-1588135		Not Applicable
	6. Name and Address of Current	Registered Agent				ate of Status Desired nd Address of New Re	□ \$8.75 / Fee Requ	Additional iired
DIAZ, CA	RLOS			Vame	Traine B	nd Address of New Re	gistered Agent	
	W 54TH ST	,	Street Address (P.O. Box			nber is Not Acceptable)	<u></u>	
FORT LA	UDERDALE FL 33331-2208		-		 ,,			
				City			Zip Co	
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	ts registered o	ffice or register	red agent or h	ooth in the State of Flat	FL Zip Co	
SIGNATURE		- 	.	nt signature required				n, and accept
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND D	State			9. E	Election Campaign Finantrust Fund Contribution.	☐ Adde	00 May Be ed to Fees
TITLE	PDT	Delete	11.		ADDITIONS	CHANGES TO OFFICE		3S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIAZ, CARLOS A. JR. 17802 SW 54TH ST FORT LAUDERDALE FL 33331-2200		NAME STREET ADD CITY-ST-ZI				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, AIDA 17802 SW 54TH ST FORT LAUDERDALE FL 33331-2208	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME				☐ Change	☐ Addition
CITY-ST-ZIP	<u> </u>	·	STREET ADDI		· .	٠		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDR	HESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI	ESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby cel	rtify that the information supplied with this	Delete	TITLE NAME STREET ADDRE	SSS			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR