

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90196 021 ***150.00

DOCUMENT # L37785

1. Entity Name
UNLIMITED TOWING & AUTO TRANSPORT, INC.



Principal Place of Business

2625 W. 6 AVENUE
HIALEAH, FL 33010

Mailing Address

17802 SW 54 ST
SOUTHWEST RANCHES, FL 33331-2208



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0162038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAZ, CARLOS A JR
17802 SW 54 ST
SOUTHWEST RANCHES, FL 3331--208

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME DIAZ, CARLOS A.
STREET ADDRESS 17802 SW 54 ST
CITY-ST-ZIP SOUTHWEST RANCHES, FL 333312208

TITLE ST
NAME DIAZ, AIDA
STREET ADDRESS 17802 SW 54 ST
CITY-ST-ZIP SOUTHWEST RANCHES, FL 333312208

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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 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:

Aida Diaz AIDA DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ST

4-27-05

Date

Daytime Phone #