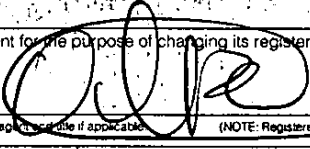
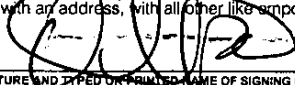


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90032 033 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                           |                                                                                                                          |                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000000741</b><br>1. Entity Name<br><b>QUALITY TOWING &amp; AUTO SALES, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                           |                                                                                                                          |                                                                                                                             |  |
| Principal Place of Business<br><b>7140 NW 35 AVE<br/>MIAMI, FL 33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                                           | Mailing Address<br><b>P.O. BOX 523946<br/>MIAMI, FL 33152</b>                                                            |                                                                                                                                                                                                              |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                          |                                                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  | City & State                              |                                                                                                                          |                                                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | Country                                   |                                                                                                                          | Zip                                                                                                                                                                                                          |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | 4. FEI Number<br><b>65-0972552</b>        |                                                                                                                          |                                                                                                                                                                                                              |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                           |                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>PUIG, ALEJENDRO<br/>817 WALLACE<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                           |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>PUIG, ALEJANDRO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1120 WALLACE</b><br>City <b>CORAL GABLES</b> FL Zip Code <b>33134</b> |  |
| 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  DATE <b>2/8/06</b><br><small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                           |                                                                                                                          |                                                                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                             |                                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP <input type="checkbox"/> Delete<br><b>PUIG, ALEJANDRO</b><br><b>817 WALLACE 1120 WALLACE</b><br><b>CORAL GABLES, FL 33134</b> |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                  |                                           |                                                                                                                          |                                                                                                                                                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                           | <b>2/8/06 305-696-9631</b>                                                                                               |                                                                                                                                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                           | <small>Date Daytime Phone #</small>                                                                                      |                                                                                                                                                                                                              |  |