

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000015611



1. Entity Name  
HWY TOWING, INC.

Principal Place of Business  
1162 PARK LANE  
WEST PALM BEACH, FL 33417

Mailing Address  
1162 PARK LANE  
WEST PALM BEACH, FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, PIERRE  
216 GREGORY RD.  
WEST PALM BEACH, FL 33405

Name *PIERRE RODRIGUEZ*

Street Address (P.O. Box Number is Not Acceptable)

*479 Pine Tree Court*

City *ARCANTIS*

FL *33462*

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]*

Signature, typed or printed name of registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *07/08/04*

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, CESAR S 1162 PARK LANE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cesar Alvarez 7-8-04*

Date

Daytime Phone #

*561-313-4033*

**FILED  
Aug 16, 2004 8:00 am  
Secretary of State**

08-16-2004 90012 041 \*\*\*150.00

**44001000**



07082004 Chg-P CR2E034 (10/03)