

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000016682			
1. Entity Name VMC TOWING RECOVERY SERVICE, INC.			
Principal Place of Business 12401 W. OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018		Mailing Address 12401 W. OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018	
2. Principal Place of Business 12903 W. Okeechobee Rd		3. Mailing Address 12903 W. Okeechobee Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Hialeah Gardens, FL	City & State Hialeah Gardens, FL		
Zip 33018	Country USA	Zip 33018	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLINA, DULCE M 12401 W OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018		Name Street Address (P.O. Box Number is Not Acceptable) 12903 W. Okeechobee Rd City Hialeah Gardens FL Zip Code 33018	
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: <i>Dulceia</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, DULCE M 12401 W OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12903 W. Okeechobee Rd. Hialeah Gardens, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200045620782 01/31/05--01/07--010 ***600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Dulceia</i>		Date <i>01-12-2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
05 JAN 20 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1143469

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

01-12-2005