

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000016682</b> 1. Entity Name <b>VMC TOWING RECOVERY SERVICE, INC.</b>				<b>FILED</b>  05 JAN 20 PM 12:52  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business <b>12401 W. OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018</b>		Mailing Address <b>12401 W. OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018</b>		01122005    Chg-P    CR2E034 (10/03)	
2. Principal Place of Business <b>12903 W. Okeechobee Rd</b>		3. Mailing Address <b>12903 W. Okeechobee Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens, FL</b>		4. FEI Number <b>65-1143469</b>	
Zip <b>33018</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOLINA, DULCE M 12401 W OKEECHOBEE ROAD LOT 96 HIALEAH GARDENS, FL 33018</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>12903 W. Okeechobee Rd</b> City <b>Hialeah Gardens, FL</b> Zip Code <b>33018</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 <u><i>Dulce Molina</i></u> DATE <b>01-12-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12903 W. Okeechobee Rd. Hialeah Gardens, FL 33018</b>	
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	
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	
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: <u><i>Dulce Molina</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-12-2005 <small>Date    Daytime Phone #</small>		