## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 03, 2004 08:00 AM

| DOCUMENT # P01000033067  1. Enlity Name INTERNATIONAL TOWING CORP.   |  |   |                           |                                   | Secre                        | tary of           | State                         |  |  |
|--|--|---|---------------------------|-----------------------------------|------------------------------|-------------------|-------------------------------|--|--|
| Principal Place  | e of Business  | Mailing Address                         | •                         | 1                                 |                              |                   |                               |  |  |
| 5241 SW. 10  |  | 5241 SW. 104 AVE.                       |                           |                                   |                              |                   |                               |  |  |
| MIAMI, FL 33   | 3165   | MIAMI, FL 33165                         |                           |                                   |                              |                   |                               |  |  |
|  |  |   |                           |                                   |                              |                   |                               |  |  |
|  |  | 1.1.11.11.11.11.11.11.11.11.11.11.11.11 |                           |                                   |                              |                   |                               |  |  |
|  |  |   |                           | 02282004 No Chg-P CR2E034 (10/03) |                              |                   |                               |  |  |
| DO NOT WRITE IN THIS SPAC  |  |   |                           | 4. FEI Numbe<br>65-109            |                              | <del></del>       | Applied For<br>Not Applicable |  |  |
|  |  |   |                           |                                   | of Status Desired            | \$9.7E .          | dditional                     |  |  |
|  | 6. Name and Address of Current Re                                  | gistered Agent                          | T                         |                                   | <del></del>                  |                   |                               |  |  |
| FERRER, SERGIO<br>5241 SW. 104 AVE.  |  |   |                           | DO NOT WRITE                      |                              |                   |                               |  |  |
| MIAMI, FL  |  |   | IN THIS SPACE             |                                   |                              |                   |                               |  |  |
|  |  | IN THIS SPACE                           |                           |                                   |                              |                   |                               |  |  |
|  |  |   |                           |                                   |                              |                   |                               |  |  |
|  | named entity submits this statement for tions of registered agent. | ne purpose of changing its register     | ed office or registe      | ered agent, or bo                 | th, in the State of Florida. | l am familiar wit | h, and accept                 |  |  |
| SIGNATURE_   |  |   |                           |                                   |                              | ATE               |                               |  |  |
|  | Signature, typed or printed name of registered agent and           | od Agent signature require              | d when reinstating)       | - ··· - ··                        |                              |                   |                               |  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution. |  | ncing \$5                               | .00 May Be<br>ded to Fees | U00000074<br>03/03/04-80i         | 4889<br>038-015              | 150.00            |                               |  |  |
| 10.  | OFFICERS AND D   | RECTORS                                 | 1                         |                                   |                              |                   |                               |  |  |
| TITLE  | PSTD   |   |                           |                                   |                              |                   |                               |  |  |
| NAME<br>STREET ADDRESS   | FERRER, SERGIO<br>5241 SW. 104 AVE.                                |   |                           |                                   |                              |                   |                               |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33165  |   |                           |                                   |                              |                   |                               |  |  |
| TITLE  |  |   | 1                         |                                   |                              |                   |                               |  |  |
| NAME   |  |   |                           |                                   |                              |                   |                               |  |  |
| STREET ADORESS<br>CITY - ST - ZIP  |  |   |                           |                                   |                              |                   |                               |  |  |
| TITLE  |  |   | 1                         |                                   |                              |                   |                               |  |  |
| NAME   |  |   | 1                         |                                   |                              |                   |                               |  |  |
| STREET ADDRESS   |  |   | 1                         | DO                                | <b>NOT WRI</b>               | TE                |                               |  |  |

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

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CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04

305 9862138

IN THIS SPACE