

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90030 029 \*\*\*150.00

**DOCUMENT # P01000046846**

1. Entity Name  
**AMERICAN TRUCK TOWING, INC.**



Principal Place of Business  
**7801 NW 66 ST  
MIAMI, FL 33166**

Mailing Address  
**P. O. BOX ~~65-0145~~ 971388  
MIAMI, FL ~~33265~~ 33197**

**50007722**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1089955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DELEON-MEDINA, ANNA**  
**~~5857 S.W. 144TH CIRCLE PL~~ 11240 SW 181 Street**  
**MIAMI, FL ~~33183~~ 33157**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VSD
NAME	MEDINA, EDUARDO
STREET ADDRESS	<b>7002 GRAND CANAL DR. 3811 NW 63 AVE.</b>
CITY - ST - ZIP	<b>MIAMI, FL <del>33145</del> Virginia Gardens, Fl. 33166</b>

TITLE	PTD
NAME	DELEON-MEDINA, ANNA
STREET ADDRESS	<b><del>5857 SW 144TH CIRCLE PLACE</del> 11240 SW 181 St.</b>
CITY - ST - ZIP	<b>MIAMI, FL <del>33183</del> 33157</b>

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CITY - ST - ZIP	

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IN THIS SPACE**

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:** *Anna DeLeon* **Anna DeLeon President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/05**  
Date

**(305) 342-7988**  
Daytime Phone #