

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 030 ***150.00

DOCUMENT # P01000050965

1. Entity Name
S.A.O. TOWING SERVICES, INC.



Principal Place of Business
6401 SW 33 STREET
MIAMI, FL 33155

Mailing Address
6401 SW 33 STREET
MIAMI, FL 33155

50014495



01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1106523		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALVAREZ, SILVIO 6401 SW 33 STREET MIAMI, FL 33155				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ALVAREZ, SILVIO			NAME			
STREET ADDRESS	6401 SW 33 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GALVES, ACELA			NAME			
STREET ADDRESS	6401 S.W. 33RD ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ALVAREZ, OVILSI			NAME			
STREET ADDRESS	6401 S.W. 33RD ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

04/19/06
Date

Daytime Phone #