

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90444 036 ***150.00

DOCUMENT # P01000106507

1. Entity Name
K & C TOWING & RECOVERY, INC.



Principal Place of Business
**10215 SW 24 ST.
SUITE 304
MIAMI, FL 33165**

Mailing Address
**10215 SW 24 ST.
SUITE 304
MIAMI, FL 33165**

40090839



2. Principal Place of Business - No P.O. Box #
3734 NW 50 ST
Suite, Apt. #, etc.

3. Mailing Address
3734 NW 50 ST
Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State
MIAMI FL
Zip
33142
Country
DADE

City & State
MIAMI FL
Zip
33142
Country
DADE

4. FEI Number
65-1151030
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, CARLOS A
10215 SW 24 ST.
SUITE 304
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name **CARLOS A. RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
15073 SW 57 ST
City **MIAMI FL** Zip Code **33193**

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 *Carlos A. Rodriguez* DATE **4-24-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, CARLOS A**
STREET ADDRESS **10215 SW 24 ST., SUITE 304**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, KARLA X**
STREET ADDRESS **10215 SW 24 ST., SUITE 304**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15073 SW 57 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15073 SW 57 ST**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Carlos A. Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-24-07**
DAYTIME PHONE #

305-219-3374