
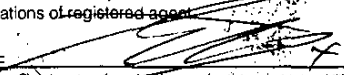



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90021 013 \*\*\*150.00

<b>DOCUMENT # P02000008678</b> 1. Entity Name <b>LIBERTY TOWING &amp; MECHANIC SERVICES, INC.</b>					
Principal Place of Business <b>19800 SW 180 AVE. #404 MIAMI, FL 33187</b>			Mailing Address <b>19800 SW 180 AVE. #404 MIAMI, FL 33187</b>		
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State  			City & State  		
Zip  		Country  		Zip  	
Country  		Zip  		Country  	
6. Name and Address of Current Registered Agent  <b>MARRERO, JORGE LUIS 5861 SW 152 CT MIAMI, FL 33193</b>				7. Name and Address of New Registered Agent Name <b>Marrero, Jorge Luis</b> Street Address (P.O. Box Number is Not Acceptable) <b>19800 SW 180 Ave #404</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33187</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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRERO, JORGE LUIS 5861 SW 152 CT MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marrero, Jorge Luis 19800 SW 180 Ave #404 Miami, FL 33187
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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

40062464



03102008 Chg-P CR2E034 (12/06)

4. FEI Number **04-3592154** Applied For ☐ Not Applicable ☒

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