


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000035202</b> 1. Entity Name EL CHEAPO LOCK & TOWING INC.	
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Principal Place of Business 1000 NE 52 COURT POMPANO BEACH, FL 33064	Mailing Address 1000 NE 52 COURT POMPANO BEACH, FL 33064
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07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0575198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SASKIN, MARSHALL 1712 NW 91 AVE PLANTATION, FL 33322
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**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 fee if applicable (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SASKIN, CECELIA 1712 NW 91 AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, AUTHUR 1000 NE 52 CT POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SASKIN, MARSHALL 1712 NW 91 AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SASKIN, MARLENE 1712 NW 91 AVE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000164934  
07/09/04-80009-018 150.00

**DO NOT WRITE  
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)(f), 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: Marlene Saska Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6 954-916-3572  
Date Daytime Phone #