


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90487 001 ***317.50

DOCUMENT # P02000038384	
1. Entity Name A NOLAN NORTH TOWING, INC.	

Principal Place of Business P.O. BOX 630223 MIAMI, FL 33163-0223	Mailing Address P.O. BOX 630223 MIAMI, FL 33163-0223
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2. Principal Place of Business 1941 NE 197 Terr Suite, Apt. #, etc.	3. Mailing Address 1941 NE 197 Terr Suite, Apt. #, etc.
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City & State NMB, FL	City & State NMB, FL
Zip 33179	Country Dade

6. Name and Address of Current Registered Agent CAPOZZI, SALVATORE 1941 NE 197 TERR MIAMI, FL 33179	
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7. Name and Address of New Registered Agent Capozzi, Brian 1941 NE 197 Terr North Miami Beach FL 33179	
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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: Brian Capozzi Brian Capozzi 1/14/04 <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPOZZI, SALVATORE P.O. BOX 630223 MIAMI, FL 331630223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Capozzi, Brian 1941 NE 197 Terr NMB, FL 33179 <input checked="" 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
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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 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 it 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: Brian Capozzi Brian Capozzi 1/14/04 (305) 682-8714 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	