2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90214 015 ***150.00

DOCUMENT # P02000047066

1. Entity Name
JADE TOWING & RECOVERY, INC.

Principal Place of Business	Mailing Address
7422 GARY AVENUE MIAMI BEACH, FL 33141	7422 GARY AVENUE MIAMI BEACH, FL 33141

02082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5885 COMMERCE LANE	5885 COMMERCE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH MIAMI FLORIDA	City & State: SOUTH MIAMI FLORIDA
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number: 04-3655745 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDRADE, JULIO 19293 WEST DIXIE HWY. MIAMI, FL 33180	Name: ANDRADE, JULIO Street Address (P.O. Box Number is Not Acceptable): 5885 COMMERCE LANE City: SOUTH MIAMI FL Zip Code: 33143

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 ______________________ 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	P	☑ Delete	TITLE	P	☑ Change ☐ Addition
NAME	ANDRADE, JULIO		NAME	ANDRADE, JULIO	
STREET ADDRESS	7422 GARY AVENUE		STREET ADDRESS	5885 COMMERCE LANE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	SOUTH MIAMI FLORIDA 33143	
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		
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 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 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: ______________________ 4/27/04 (305) 899-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #