20	ANNUAL				ON				
DOCUMENT # P02000085903  1. Entity Name							, p		
GILBERT'S TOWING CO.						<b>)</b>	FILED		
Principal Place of Business			Mailing Address			_	05 JUL 29 PH	ų 32	
5000 GRIFFIN RD		5000	5000 GRIFFIN RD DAVIE FL 33314				cactility.	T-	
DAVIE FL 33314		DAV	DAVIE FE 33314						
2. Principal Place of Business		3. Mai	3. Mailing Address					```	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			- U51	at Moore CR2E03	Ø () Ø 3 34 (10/04)	1 130
City & State		City	City & State			4. FEI Numb	per 65-0612604	- <del> </del> -	pplied For
Zíp	Country		p Count		try	5. Certificate of Status Desired S8.75 Additional Fee Required		ditional	
	6. Name and Address of Curr	ent Registere	ed Agent		Name	7. Name an	d Address of New Registered	•	
SPIEGEL & UTRERA, P.A.			Street Address (P.O. Box Number is Not Acceptable)						
FOR	0 GRIFFIN RD. RT LAUDERDALE FL 333 <sup>.</sup>	14	Street		Steet Address		oer is Not Acceptable)		
					City		F	Zip Cod	le
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								and accept	
the obligations of registered agent.  SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 Payable to Florida Departmer						Election Campaign Finar Trust Fund Contribution.	_	.00 May Be ed to Fees
10.	OFFICERS A	ND DIRECTO	<del></del>	11.	. 1	ADDITIONS	/CHANGES TO OFFICERS AN	<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP	ALVINO, GILBERTO A 5000 GRIFFIN RD DAVIE FL 33314		Defete		1			Change	Addition
TITLE.			☐ Delete	THILE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS				
TITLE			☐ Delete	TITLE	-ST-ZIP			Change	Addition
NAME STREET ADDRESS CHY+ST-ZIP					E ET ADDRESS -ST-ZIP				
TITLE	_	<u>.</u>	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE NAME			☐ Delete	TITLE	i i			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	t.			STRE	ET ADDRESS ST-ZIP				
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				SIRE	ET ADDRESS -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:  SIGNATURE XND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date									
		OR PRINTED NAM	AE OF SIGNING OFFICER	OR DIRECT	OR		Date	Daytone Phone #	

## GILBERT'S AUTO REPAIR INC.

5000 Griffin Road Davie, FL 33314 Ph: 954-792-0437/954-792-0333 Fax: 954-792-2207

HABLAMOS ESPANOL

Lagrance of

Date: 7-21-05	,	
From:		
То:		
Message:	Pro William Con Ages	
I just received paperwork And I know I had already agents I was notified that t	tating that the documents encountry on 7-15 stating that I needed done that on March 7 05. Afthis letter must accompany the y much and have a wonderful	to file for the A.P.C er speaking to one of your documents.

Well p Alowo