


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 007 ***150.00

DOCUMENT # P02000089127 1. Entity Name ROOSTELL'S TOWING SERVICE, INC.					
Principal Place of Business 8401 SW 43 ST MIAMI, FL 33155			Mailing Address 8401 SW 43 ST MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4208329	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EHCEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ECHEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ECHEVERRY, ROOSEVELT A. 8401 SW 43 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ECHEVERRY, ESTELLIA 8401 SW 43 ST MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ECHEVERRY, SHARIKA S. 10263 Whispering Forest Dr. Apt 1020 Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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.					
SIGNATURE: SHARIKA S. ECHEVERRY 8-19-06 904-860-1180					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50026494



08152006 Chg-P CR2E034 (11/05)

ATTACHMENT

50026494

Florida Department of State
Division of Corporations
Attn: Annual Report
P.O.Box 6327
Tallahassee, FL 32314

Subject: Roostell's Towing Service, Inc.
FEI # 134208329
ANNUAL REPORT DOCUMENT # P02000089127

August 2006

To whom it may concern,

Due to fact that the corporation did not receive the renewal notice and to extraordinary circumstances involving my critical health state, I was not able to meet the deadline set for the Annual Report. Currently I'm in another state receiving medical treatment from stroke and heart problems. I apologize for submitting my payment late. I'd really appreciated if the late fee is omitted. Please let me know if you need additional information.

Thank you for your timely response in this matter.

Cordially,



Jose R. Echeverry
President of Roostell's Towing, Inc