
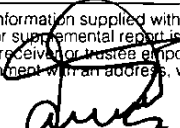


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90001 041 \*\*\*150.00

<b>DOCUMENT # P02000089127</b> 1. Entity Name <b>ROOSTELL'S TOWING SERVICE, INC.</b>					
Principal Place of Business <b>8401 SW 43 ST MIAMI, FL 33155</b>			Mailing Address <b>8401 SW 43 ST MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>13-4208329</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>EHCEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>ECHEVERRY, JOSE R</b> <b>8401 SW 43 ST</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>ECHEVERRY, ESTELLIA</b> <b>8401 SW 43 ST</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ECHEVERRY, ROOSEVELT A</b> <b>8401 SW 43RD ST</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECHEVERRY, SHARIKA S</b> <b>10263 WHISPERING FORESTDR APT 1020</b> <b>JACKSONVILLE, FL 32257</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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	
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 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.					
<b>SIGNATURE:</b>  <b>Jose R. Echeverry</b>			<b>05/01/07</b> <b>305-302-9603</b>		Date      Daytime Phone #

ATTACHMENT  
40118160

Florida Department of State  
Division of Corporations  
Attn: Annual Report 2007  
P.O.Box 6327  
Tallahassee, FL 32314

Subject: Roostell's Towing Service, Inc

FEI # 134208329

ANNUAL REPORT DOCUMENT # P02000089127

May 2007

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, 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,

A handwritten signature in black ink, appearing to read 'Jose R. Echeverry', with a stylized flourish at the end.

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