
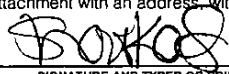


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 047 \*\*\*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 #		3. Mailing Address <b>625 Birchbark Trail</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>St. Augustine, FL</b>		4. FEI Number <b>13-4208329</b>	
Zip		Zip <b>32092</b>		Country <b>USA</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>EHCEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent 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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ECHEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRY, SHARIKA S 625 Birchbark Trail St. Augustine, FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ECHEVERRY, ESTELLIA 8401 SW 43 ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ECHEVERRY, ROOSEVELT A 8401 SW 43RD ST MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRY, SHARIKA S 10263 WHISPERING FORESTDR APT 1020 JACKSONVILLE, FL 32257		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	
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>SHARIKA ECHEVERRY, Director</b>			4/14/08 (904)860-1180		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		