2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089127

Entity Name: ROOSTELL'S TOWING SERVICE, INC.

ECHEVERRY, SHARIKA S

JACKSONVILLE, FL 32257

10263 WHISPERING FORESTDR APT 1020

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8401 SW 43 ST MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 625 BIRCHBARK TRAIL SAINT AUGUSTINE, FL 32092 FEI Number: 13-4208329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EHCEVERRY, JOSE R 8401 SW 43 ST MIAMI, FL 33155 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ECHEVERRY, JOSE R Name: Name: 625 BIRCHBARK TRAIL Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition ECHEVERRY, ESTELLIA Name: Name: 8401 SW 43 ST Address: Address: MIAMI, FL 33155 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ECHEVERY, ROOSEVELT A Name: Name: 8401 SW 43RD ST Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE ECHEVERRY D 04/30/2009