2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90064 001 ***150.00

DOCUMENT # P03000021486

1. Entity Name
RELIABLE TOWING, INC.

Principal Place of Business
450 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
450 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

J4U53950

2. Principal Place of Business: Same as above
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: Same as above
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 37-1459182 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEGURA, DEBORAH
450 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

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.

Deborah Segura
SIGNATURE: Deborah Segura — 4/12/04
Signature, typed or printed name of registered agent and title if applicable — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SEGURA, GERARDO	NAME	
STREET ADDRESS	450 NE 167 STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	SEGURA, DEBORAH	NAME	
STREET ADDRESS	450 NE 167 STREET	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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.

Deborah Segura
SIGNATURE: Deborah Segura — 4/12/04
Signature and typed or printed name of signing officer or director — Date

Gerardo Segura