2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000040657

1. Entity Name JORDAN TOWING INC.



Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90260 009 ***150.00

Making Address Social My 1 SIRET MAM, FL 33125 Principula Prince of Business					- VI						
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Zep 33 142 Country Zep Country 5, Certificate of Status Desired 5 S8.75 Additional Fee Required Agent 5. Name and Address of Current Registered Agent 7. Name and Address of the Registered Agent 7. Name Address of the Registered Agent 8. Name Address of the Registered Agent								_	CR2E03	4 (10/03)	
Section Sect			City & State.	FL			4. FEI Numbe	90-006	66 23	_ 	
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Name Buttsta, Lazaro A 025 NV 14 STREET NIAMI, FL 33125 City Wiani FL Zip Critical City Wiani FL		.6. Name and Address of Current F	Registered Agent.			٠	-7,-Name and	Address of New	Registered A	gent	
The above named entity substitis this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Incomparison of registered agent and the depoticable. Incomparison of registered agent. Incomparison of registered agent.	025 NW 1	4 STREET				Ba7 Idress (F 15 %	O. Box Number	is Not Acceptab	ste4		
IGNATURE Signature Potential FEE IS \$150.00 Potential FEE IS \$1						, ,				33	142
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME BATISTA, LAZARO A SUZS NW 14 STREET MIAMI, FL 33125 TLE VD ACOSTA, PEDRO 3025 NW 14 STREET MIAMI, FL 33125 TLE ACOSTA, PEDRO 3025 NW 14 STREET MIAMI, FL 33125 TITE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TREET ADDRESS CITY-ST-ZIP TREET ADDR	the obligati	ions of registered agent.		its register	ed affice or	registere	ed agent, or bot	n, in the State of F	Torida. I am fa	amiliar with,	and accept
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PD		Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registere	d Agent signatu	re required	when reinstating)	•	DATE		
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2. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/390. Florido Statutos Lifetibos certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/390. Florido Statutos Lifetibos certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/390. Florido Statutos Lifetibos certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/390.	ITY-ST-ZIP			СПҮ	/-ST-ZIP						
	2. I hereby	certify that the information supplied with	this filing does not qualify	for the exe	emption state	ed in Se	ction 119.07(3)(), Florida Statutes	. I further certi	fy that the in	nformation

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 a address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #