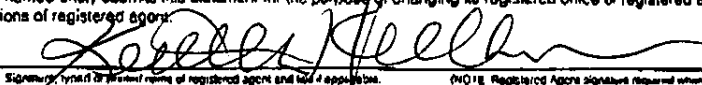
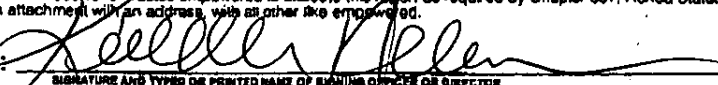


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 011 ***150.00

DOCUMENT # P03000093469					
1. Entity Name BROWARD TOWING & RECOVERY, INC.					
Principal Place of Business 560 NE 42ND STREET SUITE A OAKLAND PARK, FL 33334			Mailing Address 560 NE 42ND STREET SUITE A OAKLAND PARK, FL 33334		
2. Principal Place of Business 1326 SE 17 ST		3. Mailing Address 1326 SE 17 ST			
Suite, Apt. #, etc. 289		Suite, Apt. #, etc. 289			
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE		4. FEI Number 20-0179441	
Zip 33316		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33316		Country BROWARD		6. Name and Address of Current Registered Agent HICKMAN, KEITH 560 NE 42ND STREET SUITE A OAKLAND PARK, FL 33334	
City FORT LAUDERDALE		State FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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  3/16/06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when registering.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		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 NAME STREET ADDRESS CITY - ST - ZIP	VD HICKMAN, KEITH 560 NE 42ND STREET - SUITE A OAKLAND PARK, FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 807, 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.					
SIGNATURE:  3/16/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					