


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90394 027 \*\*\*150.00

**DOCUMENT # P03000093689**  
 1. Entity Name  
**V.I.P. TOWING THE NEXT GENERATION, INC.**



Principal Place of Business      Mailing Address  
~~1243 W 79 STREET~~      ~~1243 W 79 STREET~~  
~~HIALEAH, FL 33014~~      ~~HIALEAH, FL 33014~~

**24035124**



2. Principal Place of Business      3. Mailing Address  
**16440 S.W. 293rd St.**      **16440 S.W. 293rd St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


04022004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Homestead, Florida**      **Homestead, Florida**  
 Zip      Country      Zip      Country  
**33033**           **33033**           **33033**

4. FEI Number      Applied For  
**56-2436508**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PANTOJA, ERNESTO**  
~~1243 W 79 STREET~~  
~~HIALEAH, FL 33014~~

7. Name and Address of New Registered Agent  
 Name  
**Jorge Gonzalez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16440 S.W. 293rd St.**  
 City      State      Zip Code  
**Homestead      FL      33033**

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:       DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PANTOJA, ERNESTO	1243 W 79 STREET	HIALEAH, FL 33014	<input checked="" type="checkbox"/>
D	Jorge Gonzalez	16440 S.W. 293rd St.	Homestead, FL 33033	<input type="checkbox"/>
T	Milagros Gonzalez	16440 S.W. 293rd St.	Homestead, FL 33033	<input type="checkbox"/>
D	Jesus Coronel	16440 S.W. 293rd St.	Homestead, FL 33033	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:       Date: **4/02/04**      Daytime Phone #: **305 248-3330**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)