


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90032 001 ***150.00

DOCUMENT # P03000112836 1. Entity Name ONE WAY TOWING & RECOVERY CORP.					
Principal Place of Business 12634 NW 99TH CT HIALEAH GARDENS, FL 33018				Mailing Address 12634 NW 99TH CT HIALEAH GARDENS, FL 33018	
2. Principal Place of Business 7651 W 36 Ave Suite, Apt. #, etc. APT #3 City & State Hialeah, FL Zip 33018				3. Mailing Address 7651 W 36 Ave Suite, Apt. #, etc. APT #3 City & State Hialeah, FL Zip 33018	
4. FFI Number 83-0391052				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, YOSVANY 12634 NW 99TH CT HIALEAH GARDENS, FL 33018 7651 W 36 Ave APT. 3 Hialeah, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LORENZO, YOSVANY 12634 NW 99TH CT HIALEAH GARDENS, FL 33018		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORENZO, YOSVANY 7651 W 36 Ave APT. #3 Hialeah, FL 33018	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Yosvany Lorenzo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/7/04 (x305) 796-1255 <small>Daytime Phone #</small>		

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