

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90031 046 \*\*\*150.00

<b>DOCUMENT # P04000074836</b>																	
<b>1. Entity Name</b> DORTA TOWING SERVICES, INC.																	
<b>Principal Place of Business</b> 19139 SW 102 CT MIAMI, FL 33157			<b>Mailing Address</b> 19139 SW 102 CT MIAMI, FL 33157														
<b>2. Principal Place of Business</b> 11501 NW 23 ST		<b>3. Mailing Address</b> 11501 NW 23 ST															
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102006    Chg-P    CR2E034 (11/05)													
<b>City &amp; State</b> Pembroke Pines, FL		<b>City &amp; State</b> Pembroke Pines FL		<b>4. FEI Number</b> 56-2456323													
<b>Zip</b> 33026		<b>Country</b> U.S.A		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
<b>6. Name and Address of Current Registered Agent</b>  CHAVEZ, CAROLINE E 19139 SW 102 CT MIAMI, FL 33157			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">ARTURO ALONSO</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">11501 NW 23 ST</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>Pembroke Pines</td> <td>FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2">33026</td> </tr> </table>			Name	ARTURO ALONSO		Street Address (P.O. Box Number is Not Acceptable)	11501 NW 23 ST		City	Pembroke Pines	FL	Zip Code	33026	
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Street Address (P.O. Box Number is Not Acceptable)	11501 NW 23 ST																
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Zip Code	33026																
<b>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.</b> SIGNATURE: <u>ARTURO ALONSO</u> DATE: <u>2/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>														
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS</b>														
TITLE	DPST		TITLE	DPST													
NAME	CHAVEZ, CAROLINE E		NAME	Alonso, Arturo													
STREET ADDRESS	19139 SW 102 CT		STREET ADDRESS	11501 NW 23 ST													
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Pembroke Pines, FL, 33026													
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<b>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 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.</b>			SIGNATURE:     DATE: <u>2/10/06</u> DAYTIME PHONE #: <u>786 487 0361</u>														