


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State


05-18-2007 90019 015 ***150.00

DOCUMENT # P05000001586		
1. Entity Name CA TOWING, INC.		

Principal Place of Business 3025 PARKER AVENUE WEST PALM BEACH, FL 33405	Mailing Address 3025 PARKER AVENUE WEST PALM BEACH, FL 33405
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2. Principal Place of Business - No P.O. Box # 445 Broward Ave.	3. Mailing Address 445 Broward Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Greenacres, FL	City & State Greenacres, FL
Zip 33463	Zip 33463
Country USA	Country

	
05162007 Chg-P	CR2E034 (12/06)
4. FEI Number 16-1714413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

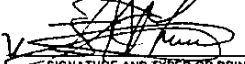
6. Name and Address of Current Registered Agent MERCADO, JOSE R 3025 PARKER AVENUE WEST PALM BEACH, FL 33405	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 445 Broward Ave. City Greenacres FL Zip Code 33463	
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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 5/15/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, JOSE R 445 BROWARD AVENUE GREEN ACRES, FL 33463 <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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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

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.	
SIGNATURE:  Jose Mercado	DATE 5/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	