

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013349

1. Entity Name  
SERVICE ONE TOWING, INC.



Principal Place of Business

14113 NW 19 AVE  
OPA LOCKA, FL 33055

Mailing Address

14113 NW 19 AVE  
OPA LOCKA, FL 33055

2. Principal Place of Business

4595 NW 7 st

3. Mailing Address

4595 NW 7 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami FL

Zip

33126

Country

USA

Zip

33126

Country

USA

08082006

Chg-P

CR2E034 (11/05)

4. FEI Number

74-3185253

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRES, MIGUEL  
440 NW 52ND AVE.  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HURTADO, ISABEL  
STREET ADDRESS 14113 NW 19 AVE  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Hurtado, Isabel  
STREET ADDRESS 4595 NW 7 st  
CITY-ST-ZIP Miami, FL 33126

TITLE V. ☐ Change ☒ Addition  
NAME Pedro Ramos  
STREET ADDRESS 4595 NW 7 st  
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition  
NAME 200078885122  
STREET ADDRESS 08/18/06--01045--006 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Isabel Hurtado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-08-06 - 305-441-9337

K. Eckel AUG 09 2006

Daytime Phone