


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90193 042 \*\*\*150.00

<b>DOCUMENT # P05000064295</b> 1. Entity Name <b>WESTWOOD TOWING &amp; RECOVERY, INC</b>					
Principal Place of Business <b>10760 SW 46 STREET</b> <b>MIAMI, FL 33165 US</b>			Mailing Address <b>10760 SW 46 STREET</b> <b>MIAMI, FL 33165 US</b>		
2. Principal Place of Business <b>10760 SW 46 St</b> Suite, Apt. #, etc.			3. Mailing Address <b>same</b> Suite, Apt. #, etc.		
City & State <b>Miami, FL</b> Zip Country			City & State  Zip Country		
4. FEI Number <b>20-2775431</b>			Applied For Not Applicable		
5. Certificate of Status Desired			02132006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent  <b>ARBOS, VERONICA</b> <b>10760 SW 46 STREET</b> <b>MIAMI, FL 33165</b>			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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution.		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP <b>ARBOS, VERONICA</b> <b>10760 SW 46 ST.</b> <b>MIAMI, FL 33165</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: <u><i>[Signature]</i></u>			Date: <u>5/1/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>305525-8177</u>		