


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 026 ***150.00

DOCUMENT # P05000069287			
1. Entity Name CAPIRO TOWING CORPORATION			
Principal Place of Business 12401 W. OKEECHOBEE RD. LOT 305 HIALEAH GARDEN, FL 33018		Mailing Address 12401 W. OKEECHOBEE RD. LOT 305 HIALEAH GARDEN, FL 33018	
2. Principal Place of Business - No P.O. Box # 7524 NW 177 Terrace		3. Mailing Address 7524 NW 177 Terrace	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33015		Zip 33015	
Country USA		Country USA	
4. FEI Number 65-1250621		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 MARTINEZ, ARMANDO 12401 W. OKEECHOBEE RD. LOT #305 HIALEAH GARDEN, FL 33018		7. Name and Address of New Registered Agent Name Armando Martinez Borges Street Address (P.O. Box Number is Not Acceptable) 7524 NW 177 Terrace City Hialeah FL Zip Code 33015	
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.</small>		DATE 03/19/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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 MARTINEZ, ARMANDO 12401 W. OKEECHOBEE RD., LOT 305 HIALEAH GARDEN, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Armando Martinez Borges 7524 NW 177 Terrace Hialeah FL 33015
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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 03/19/07 <small>Daytime Phone #</small>	