

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 002 ***150.00

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1. Entity Name
FLORIDA'S FINEST TOWING & RECOVERY SPECIALIST,
INC.



Principal Place of Business
1416 SOUTH DIXIE HWY.
FT. LAUDERDALE, FL 33060

Mailing Address
P. O. BOX 4406
HALLANDALE, FL 33008

2. Principal Place of Business
4301 S. Flamingo Rd

3. Mailing Address

Suite, Apt. #, etc.
Suite 103-109

Suite, Apt. #, etc.

City & State
Davie, FL

City & State

Zip
33330

Country
U.S.

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3201852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, KARINA
1416 SOUTH DIXIE HWY.
FT. LAUDERDALE, FL 33060

7. Name and Address of New Registered Agent

Name
Karina Pretell Moran

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

4301 S. Flamingo rd.

City
Davie

FL

Zip Code
33330

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 *Karina Moran vice-president*

4-28-06

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORAN, JOHN J
STREET ADDRESS P. O. BOX 4406
CITY-ST-ZIP HALLANDALE, FL 33008

TITLE VST ☐ Delete
NAME MORAN, KARINA
STREET ADDRESS P. O. BOX 4406
CITY-ST-ZIP HALLANDALE, FL 33008

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

TITLE VST ☒ Change ☐ Addition
NAME ~~Moran, Karina~~ Karina Pretell
STREET ADDRESS 4301 S. Flamingo Rd.
CITY-ST-ZIP Davie, Florida 33330

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

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:

Karina Moran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

786-285-6151

Daytime Phone #