2007 FOR PROFIT CORPORATION

Mar 29, 2007 8:00 am Secretary of State ANNUAL REPORT 03-29-2007 90019 043 ***150.00 DOCUMENT # P06000086384 1. Entity Name **COBRA TOWING & TRANSPORT INC.** 40044258 Principal Place of Business Mailing Address 1254 NW 106TH ST. 1254 NW 106TH ST. OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9000 NW 9000 N Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For LANTATION 20-5111197 Not Applicable Zip 33.3.2.2 Country Country \$8.75 Additional 5. Certificate of Status Desired Brownsd Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 9AL07215 CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E STERRIT 4000 PALM BEACH GARDENS, FL 33410 PLANTATION 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. Lam familiar with, and accept the obligations of registered agent. 22/57 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. n TIT) F Delete TITLE ☐ Addition GALOUZIS, EVA NAME NAME GALOUZIS, EVA STREET ADDRESS 1254 NW 106TH ST. STREET ADDRESS good Nw 14th STREET CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-ZIP ちろろ 22 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #