2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2007 8:00 am Secretary of State DOCUMENT # P06000089619 05-10-2007 90020 041 ***150.00 POPEYE D TOWING MAN, CORP. Mailing Address Principal Place of Business 1770 79TH ST CSWY 203 1770 79TH ST CSWY 203 NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05082007 CR2E034 (12/06) Chg-P City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUEDES, GIL Street Address (P.O. Box Number is Not Acceptable) 1770 79TH ST CSWY 203 NORTH BAY VILLAGE, FL 33141 City 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 n are of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE □ Change ☐ Addition GUEDES, GIL NAME NAME STREET ADDRESS 1770 79TH ST CSWY 203 STREET ADDRESS CHY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SJ-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ICER OR DIRECTOR

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