

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105104

FILED
May 28, 2009
Secretary of State

Entity Name: PALM BEACH ALPHA ONE TOWING & RECOVERY, INC.

Current Principal Place of Business:

4371 NORTHLAKE BLVD.
SUITE # 294
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4371 NORTHLAKE BLVD.
SUITE # 294
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-5380417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHACHTER, JOSEPH
4371 NORTHLAKE BLVD.
SUITE # 294
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHACHTER, JOSEPH
Address: 4371 NORTHLAKE BLVD. (SUITE # 294)
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP () Delete
Name: SCHACHTER, DARLENE M
Address: 4371 NORTHLAKE BLVD. (SUITE # 294)
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: S. () Delete
Name: D'ANDREA, ESTELLE
Address: 4371 NORTHLAKE BLVD. (SUITE # 294)
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T. () Change (X) Addition
Name: SILVIO, RODRIGUES P
Address: 2824 KIRK ROAD
City-St-Zip: LAKE WORTH, FL 33461 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SCHACHTER

PRES

05/28/2009

Electronic Signature of Signing Officer or Director

Date