

FILED
May 14, 2007 8:00 am
Secretary of State

04-19-2007 90182 032 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|--|--|---|-------------------------------------|--|
| DOCUMENT # P06000135393 1. Entity Name CASANGA TOWING & DELIVERY, INC. | | | | | |
| Principal Place of Business 8851 NW 119TH STREET HIALEAH, FL 33018 | | | Mailing Address 8851 NW 119TH STREET HIALEAH, FL 33018 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #4206 | | 3. Mailing Address Suite, Apt. #, etc. #4206 | | | |
| City & State FL 33018 | | City & State FL 33018 | | | |
| Zip 33018 | | Country USA | | 4. FEI Number 20-581 4825 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent TAX DEFENSE CENTER, INC. 2350 W 84TH STREET #18 HIALEAH, FL 33016 | | | | | |
| 7. Name and Address of New Registered Agent Name Juan E. CASANGA Street Address (P.O. Box Number is Not Acceptable) 8851 NW 119 ST City Hialeah FL Zip Code 33018 | | | | | |
| 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 DATE 4/13/07 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASANGA, JUAN ENRIQUE <input type="checkbox"/> Delete 8851 NW 119TH ST #4206 HIALEAH, FL 33018 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| PSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CASANGA, JUAN ENRIQUE | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <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 officers and directors. | | | | | |
| SIGNATURE: DATE 4/13/07 | | | | | |

ATTACHMENT

66014654

P0600035373

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|--|--|---|--|--|--|
| Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service | | Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records. | | EIN 20-5814825 OMB No. 1545-0003 | |
| 1* Legal name of entity (or individual) for whom the EIN is being requested CASANGA TOWING & DELIVERY INC | | | | | |
| 2 Trade name of business (if different from name on line 1) | | | 3 Executor, trustee, "care of" name | | |
| 4a* Mailing address (room, apt., suite no. and street, or P.O. box) 8851 NW 119 STREET # 4206 | | | 5a Street address (if different) (Do not enter a P.O. box) | | |
| 4b* City, state, and ZIP code HIALEAH FL 33018 | | | 5b City, state, and ZIP code | | |
| 6* County and state where principal business is located County DADE State FL | | | | | |
| 7a* Name of principal officer, general partner, grantor, owner, or trustor JUAN E CASANGA | | | 7b* SSN, ITIN, EIN 586-15-0242 | | |
| 8a* Type of entity (check only one): <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ | | | | | |
| <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ | | | | | |
| 8b* If a corporation, name the state or foreign country (if applicable) where incorporated | | State FL | | Foreign country | |
| 9* Reason for applying (check only one): <input checked="" type="checkbox"/> Started new business (specify type) ▶ TOWING & DELIVERY <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ | | | | | |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ | | | | | |
| 10* Date business started or acquired (month, day, year) OCT 20 2006 | | | 11* Closing month of accounting year DEC | | |
| 12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ | | | | | |
| 13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i> ▶ | | | | Agriculture Household Other | |
| 14* Check box that best describes the principal activity of your business: <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) TOWING & DELIVERY <input type="checkbox"/> Retail | | | | | |
| 15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. TOWING & DELIVERY | | | | | |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i> | | | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶ | | | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN | | | | | |
| Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form | | | | | |
| Third Party Designee | | Designee's name | | Designee's telephone number (include area code) | |
| | | Address and ZIP code | | () - Designee's fax number (include area code) () - | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) | | | | Applicant's telephone number (include area code) | |
| ▶ JUAN E CASANGA Signature ▶ Not Required Date ▶ November 02, 2006 GMT | | | | () - Applicant's fax number (include area code) () - | |

See 613. org