2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000019325 1. Entity Name FIRST RESPONSE TOWING INC.								\\	·- 08		ED 6 PM 4		
Principal Place of Business 12004 SW 110 ST CIRCLE SOUTH MIAMI, FL 33186			Mailing Address 12004 SW 110 ST CIRCLE SOUTH MIAMI, FL 33186					SEC	RETAR	Y UF ST. SEE, FLO	ATE		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02052008	Chg-P	CR2EC	34 (12/06)	•	
City & State			City & State				4. FEI Numb	er			plied For ot Applicable		
Zip	Country		7	Zip Co		untry		5. Certificate	of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
PADRO, RICHARD 12004 SW 110 ST CIRCLE SOUTH						Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33186													
						City				FL	Zip Cod	е '	
8. The above named entire 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 prostered agent.													
SIGNATURE Signature, typed or prefed harne of registered agent and trice 6 applicable. (NOTE: Registered Agent signature required when renstating) DiffE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIREC		11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR		
TITLE NAME	P Delete					EVP		iThony		PRO J	Change	Addition	
STREET AODRESS City-St-Zip	12004 SV MIAMI, FL	V 110 ST CIRCLE SOU L 33186	TH			EET ADDRESS (-ST-ZIP		004 'S Miami	1 FL 3		rcle :	South	
TITLE				☐ Delete	TITL		0	MAR	DALMA		Change	Addition	
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TITLE	☐ Delote					(-ST-ZIP E		MIAMI			Change	☐ Addition	
NAME Street address			EET ADDRESS		5 02/2	ÓO118 0/080100	418 9007	435 **150	0.00				
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name Street address					NAM STRI	AE EET ADORESS						_	
CITY-ST-ZIP						r-ST-ZIP			·				
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STREET ADDRESS CITY-ST-ZIP					STRI	EET ADORESS 7-ST-ZIP							
TITLE		, ,		☐ Delete	ħπ						Change	Addition	
NAME STREET ADDRESS CITY+ST+ZIP						AE EET ADORESS 7-ST-ZIP							
12. I hereby o	on this teno	e information supplied with	e friie s	and accurate and that r	or the ex	emptions co	uve the s	same local effe	ctas it made under	oath, that I	am an oilicer	or director 1	
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.													
SIGNAT	URE	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR			15/08		Dayuma Phone #	· · ·	