

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082998

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: AUTOWORKS TOWING & TRANSPORT INC.

## Current Principal Place of Business:

1830 S. OCEAN DR, SUITE 3405  
HALLANDALE, FL 33309 US

## New Principal Place of Business:

1830 S. OCEAN DRIVE  
3405  
HALLANDALE, FL 33309 US

## Current Mailing Address:

P.O. BOX 267674  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 04-3829894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX RESOURCE CENTER OF FLORIDA  
20401 NW 2ND AVE  
STE 103  
MIAMI, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PANTOJA, NOEL  
Address: PO BOX 267674  
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete  
Name: PANTOJA, NOEL JR  
Address: PO BOX 267674  
City-St-Zip: WESTON, FL 33326 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: D ( ) Change (X) Addition  
Name: BERTA, MELENDEZ T  
Address: PO BOX 267674  
City-St-Zip: WESTON, FL 33326

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: NOEL PANTOJA

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date