

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

47. **FILED**
May 28, 2008 8:00 am
Secretary of State

04-21-2008 90058 001 ***150.00

DOCUMENT #P07000085315		
1. Entity Name HAWK TOWING INC.		

Principal Place of Business 4750 W 2 AVE HIALEAH, FL 33012 US	Mailing Address 4750 W 2 AVE HIALEAH, FL 33012 US
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2. Principal Place of Business - No P.O. Box	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

City	State	Zip	Country
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04142008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0602646	Applied For Not Applicable
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5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent THREE K FAST COURIER SERVICE INC 16034 NE 10 AVE NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete GOMEZ, ADIS L 4750 W 2 AVE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: Adis L. Gomez Adis L. Gomez 5/24/08 (305) 828-3893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR