

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000049976

FILED
Jun 05, 2009
Secretary of State

Entity Name: CERTIFIED TOWING & RECOVERY INCORPORATED

Current Principal Place of Business:

1931 SW. 30 TERRACE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1931 SW. 30 TERRACE
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 26-2637499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, KAREN
1931 SW. 30 TERRACE
FT. LAUDERDALE, FL 33312 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATERS, KAREN L
Address: 1931 SW. 30 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP () Delete
Name: PLUA, MILTON D
Address: 1931 SW 30 TERRACE
City-St-Zip: FT.LAUDERDALE, FL 33312

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WATERS-RIVERA, MELISSA A
Address: 1931 SW 30 TERRACE
City-St-Zip: FT.LAUDERDALE, FL 33312

Title: TR () Change (X) Addition
Name: PLUA, MILTON D
Address: 1931 SW 30 TERRACE
City-St-Zip: FT. LAUDEDAL, FL 33312

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: KAREN L WATERS

PD

06/05/2009

Electronic Signature of Signing Officer or Director

Date