

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000059859

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** 50/50 TOWING & RECOVERY INC.

**Current Principal Place of Business:**

962 N DAVIS PKWY  
#35  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

419 SE 12TH TER  
HOMESTEAD, FL 33033

**Current Mailing Address:**

419 SE 12 TERR  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 90-0446034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, GUSTAVO E  
962 N DAVIS PKWY  
#35  
FLORIDA CITY, FL 33034 US

**Name and Address of New Registered Agent:**

GARCIA, GUSTAVO E  
419 SE 12TH TERR  
HOMESTEAD, FL 33033 US

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

04/22/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARCIA, GUSTAVO E  
Address: 419 SE 12TH TER  
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: GUSTAVO GARCIA

PD

04/22/2012

Electronic Signature of Signing Officer or Director

Date