

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12000022196 1. Entity Name LA GRUA TOWING CORP.				FILED 13 APR 30 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																													
Principal Place of Business 233 W 35TH STREET HIALEAH, FL 33012		Mailing Address 233 W 35TH STREET HIALEAH, FL 33012																																																																																																															
2. Principal Place of Business - No P.O. Box # 10341 W PONDICHO CIR		3. Mailing Address 10341 W PONDICHO CIR																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State CRYSTAL RIVER FL		City & State CRYSTAL RIVER FL		4. FEI Number 45-4689842																																																																																																													
Zip 34428		Zip 34428		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
Country USA		Country USA		6. Name and Address of Current Registered Agent CABRAL, BENJAMIN F 233 W 35TH STREET HIALEAH, FL 33012																																																																																																													
7. Name and Address of New Registered Agent Name: Mathew B. Cabral Street Address (P.O. Box Number is Not Acceptable): 10341 W PONDICHO CIR City: CRYSTAL RIVER FL Zip Code: 34428		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: <u>Mathew Cabral</u> DATE: <u>12-24-13</u> Signature typed or printed name of registered agent and does not apply (NOTE: Registered Agent signature required when reinstating)																																																																																																															
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>VAZQUEZ, MARIBEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>233 W 35TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Mathew B. Cabral</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10341 W PONDICHO CIR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRYSTAL RIVER FL 34428</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PSTD	☒ Delete	NAME	VAZQUEZ, MARIBEL		STREET ADDRESS	233 W 35TH STREET		CITY - ST - ZIP	HIALEAH, FL 33012		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	PSTD	☒ Change ☐ Addition	NAME	Mathew B. Cabral		STREET ADDRESS	10341 W PONDICHO CIR		CITY - ST - ZIP	CRYSTAL RIVER FL 34428		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Mathew Cabral</u> DATE: <u>12/24/13</u> E MAIL ADDRESS: <u>PMagline@lgr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E MAIL ADDRESS																																																																																																																	



Corporations

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TALLAHASSEE, FLORIDA

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Session

Transaction ID	Description	Filing Stage
p12000022196-84301942-abd9-496a-b6bb-2ac162c2148e	Session file for p12000022196 with last modified date of 4/30/2013 3:58:58 PM Eastern Standard Time	PaymentPage
p12000022196-aac0dea1-e2a5-43fd-99da-b367425951c0	Session file for p12000022196 with last modified date of 5/16/2013 3:27:31 PM Eastern Standard Time	FinalReview

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
p12000022196-84301942-abd9-496a-b6bb-2ac162c2148e	P12000022196	150	0	4/30/2013 3:59:03 PM

