

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P93000069127</b> 1. Entity Name <b>H &amp; H TOWING AND WRECKER SERVICE CORP.</b>						<b>FILED</b> <b>05 MAY -4 PM 12:01</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>17680 S. DIXIE HIGHWAY MIAMI, FL 33157</b>				Mailing Address <b>17680 S. DIXIE HIGHWAY MIAMI, FL 33157</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 05032005    Chg-P    CR2E034 (10/03) <b>05</b>			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0442403</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>HERRERA, ANTHONY 13925 S.W. 157TH STREET MIAMI, FL 33157</b>				<b>7. Name and Address of New Registered Agent</b>  <b>ANTHONY Y. HERRERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>13980 SW 158 ST</b> <b>MIAMI, FL 33177</b> City <b>FL</b> Zip Code			
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: <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				(NOTE: Registered Agent signature required when reissuing)    DATE: <b>5.3.05</b>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRERA, ANTHONY 13980 S.W. 157TH STREET MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP. HERRERA, Anthony 13980 SW 158 ST MIAMI, FL 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, MICHELLE S 13980 SW 157TH STREET MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN MICHELLE 13980 SW 158 ST MIAMI, FL 33177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054666878 05/17/05--01025--008    **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>5/3/05</b> Daytime Phone #: <b>(305) 233-2001</b>			

6