


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000077099 1. Entity Name URETA TOWING & REPAIRS, INC. |  |
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|---|---|
| Principal Place of Business 4650 SW 51 ST BAY 719 DAVIE, FL 33314 US | Mailing Address 4650 SW 51 ST BAY 719 DAVIE, FL 33314 US |
|---|---|



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0609178 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 5. Name and Address of Current Registered Agent URETA, LUIS C 18141 SW 18TH STREET MIRAMAR, FL 33029 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P URETA, LUIS C 18141 SW 18TH STREET MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST URETA, ELBA 18141SW 18TH STREET MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V URETA, SCARLETT 18141 SW 18TH STREET MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V URETA, GEANCARLO 18141 SW 18TH STREET MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V URETA, RENZO 18141 SW 18TH STREET MIRAMAR, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/14/05-80109-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-05 954 792-8210