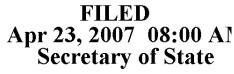
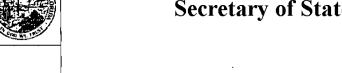
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT;# P97000059247 1. Entity Namo DON'S TOWING AND USED PARTS & AUTO SALVAGE, INC.





	e of Businoss E MURPHY RD NIO FL 33576	Mailing Addross 11607 OSSIE MURPHY RD SAN ANTONIO FL 33576							
2. Principal P	ace of Business - No P.O Box #	3. Mailing Addross							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)				
City & State		City & State			4. FEI Numb	59-3463128 Applied For Not Applicable			
Zip	Country	. Zip	Zip Count		5. Certificate	o of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Currer	nt Registered Agent	egistered Agent		7. Name and Address of New Registered Agent				
				Namo					
293	NTRERAS, JOSE 09 BROWN RD. NANTONIO FL 33576		ļ		Stroot Address (P.O. Box Number is Not Acceptable)				
SAI	ANTONIO PL 33576			City				• Zin Co.	do
				City FL Zip Code					
	named entity submits this statement ions of registered agent.	for the purpose of chang	ging its registered	d office or regist	erod agent, or bo	oth, in the State of Flo	orida. I ar	n familiar with	n, and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Ragistered	Agent signa lure requir	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Cor	-		.00 May Be ded to Fees
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10.	OFFICERS AN		11.		ADDITIONS	/CHANGES TO OFF	ICERS AN		
ME	PV	☐ Delet	•	ľ				Change	Addition
NAML	CONTRERAS, JOSE		NAMI	ļ					
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CHY-SI-7(P	SAN ANTONIO FL 33576		CIJY-	S1 · 71P					
TITLE.	S	☐ Delet	e IIII					Change	Addition
NAME	CONTRERAS, MARIA L		NAMi						ĺ
STREET ADDRESS	29309 BROWN ROAD			1 ADDRI SS					
CITY-S1-ZIP	SAN ANTONIO FL 33576		CITY	SI - ZIP					
MIE	TM	Defet						Change	Addition
NAMF .	CONTRERAS, JOSE M								
STREET ADDRESS	29309 BROWN ROAD			1 ADDRESS					ł
CITY-SI-ZIP	SAN ANTONIO FL 33576			ST-7IP					
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NAMI			NAME						
STREET ADDRESS				TADDRI'SS					
CHY-SI-7IP			CITY-	SJ-ZIP					
ITTLE		☐ Delei	e Ithr					Change	☐ Addition
NAME			NAME						
SIDEET ADDRESS				I ADDRUSS					
CITY-ST-7IP				SI-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 appears, with all other like empowered.

SIGNATURE: