

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90049 042 ***150.00

DOCUMENT # P99000009565

1. Entity Name
EXPRESS AUTO TOWING, INC.



Principal Place of Business 18821 NW 52 AVE CAROL CITY FL 33055	Mailing Address 18821 NW 52 AVE CAROL CITY FL 33055
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2. Principal Place of Business Suite, Apt. #, etc:	3. Mailing Address Suite, Apt. #, etc:
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1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number 65-0895499	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, EUGENIO V
18821 NW 52ND AVE
CAROL CITY FL 33055

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT CASTELLANOS, EUGENIO V 18821 NW 52ND AVE OPA LOCKA FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Eugenio V. Castellanos* 07-05-305-623-0696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

SD058008
#P9900009565

Division of Corporation:

This letter I'm mailing is to let you know that I never received the 1st notice you should send.

The late fee should be waived, today July 23, I'm mailing the check for the amount of 150⁰⁰ dollars, and this letter to also let you know that this month of July is that I received the annual report which report states that I should pay no later than May 1 2005, such report I received in the month of July. Never before I received anything or nothing else.

That is why I repeat the late fee should be waived

Very truly,
Eugenio V. Castellanos