


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000012578 1. Entity Name FLYING TOWING CORP.	
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Principal Place of Business 1577 SW 137TH PLACE MIAMI, FL 33184	Mailing Address 1577 SW 137TH PLACE MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0903921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUELLES, EDOWALDO M
1577 SW 137TH PLACE
MIAMI, FL 33184

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD ARGUELLES, EDOWALDO M 1577 SW 137TH PLACE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARGUELLES, MARIA I 1577 SW 137TH PLACE MIAMI, FL 33184
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04/26/04-80098-023 150.00

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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)(f), 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: Maria I. Arguelles 4-23-04 305-555-1327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #