2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000012578

1. Entity Name
FLYING TOWING CORP.

Principal Place of Business	Mailing Address
1577 SW 137TH PLACE MIAMI, FL 33184	1577 SW 137TH PLACE MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

04112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0903921	Not Applicable

5. Certificate of Status Desired ☐   **$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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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000330250
04/25/05-01153-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARGUELLES, EDOWALDO M
STREET ADDRESS	1577 SW 137TH PLACE
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	SD
NAME	ARGUELLES, MARIA I
STREET ADDRESS	1577 SW 137TH PLACE
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ Maria I Arguelles 4/21/05 305-555-1327

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