2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	AITITORE I	ILI OILI JAI	<u>'/</u>			FII	JED -		
DOCUMENT # V63265 1. Entity Name					Apr 30, 2005 08:00 AM Secretary of State				
FATHER	& SON TOWING, INC.				!	Secreta	ry or St	ate	
Principal Place of Business Mailing Address					-				
3500 NW 67TH STREET MIAMI FL 33147		3500 NW 67TH STREET MIAMI FL 33147			Lite	un siidik siist likk kuna biibi	a lli ala li alali alali a l	M MINI MIN	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	st MOORE	CR2E034 (10)			
City & State		City & State Zip Country			4. FEI Numb	65-0359555		No	pplied For ot Applicable
ł Zip	Country Zip Cou		Cour	ntry	5. Certificate	e of Status Desired		75 Add Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New R	egistered Agen	Ł	
SALAZAR, FELIPE				Name					
350	O NW 67TH STREET MI FL 33147			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL ²	Zip Code	e
	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts register	ed office or registe	red agent, or bo	oth, in the State of Flo	/	ar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable (NC	OTE Registere	ed Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
	ILE NOW!!! FEE IS \$150,00		 		<u> </u>		=		
After May 1, 2005 Fee Will Be \$550,00 Make Check Payable to Florida Department of State						Election Campa Trust Fund Conf			00 May Be ed to Fees
10,	, 	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI			·
TITLE NAME	PSD SALAZAR, FELIPE	☐ Delete	TITL NAM				□(Change	Addition Addition
STREET ADDRESS CHY-ST-ZIP	3228 NW 68TH ST. MIAMI FL 33147		SIR	EET ADDRESS 1-ST-ZIP					
TITLE	VTD	☐ Delete	TITL					Change	Addition Addition
NAME STREET ADDRESS	SALAZAR, JORGE 4951 SW 132 AVE.		NAM SIRI	IE FET ADORESS		U0000034 05/02/05-81	18952 2046	ኒመው <i>ነ</i>	വവ
CITY-SI-ZIP	MIAMI FL 33175		CITY	'-S1-ZIP			JUTO-UUZ	roori	UU
TITLE NAME		☐ Delate	TITL					Change	☐ Addition
STREET ADDRESS			NAM STRE	EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE		☐ Delete	TITLI					Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	H EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-71F					•
THILE		☐ Delete	†ITL					Change	Addition
NAME Street Address			NAM SIRE	EF 1 ADDRESS					
CITY-ST-ZIP				'-SI-Z#P					
TITLE		☐ Delete	IIIII	F		· 		Change	Addition
NAME STOLET ADDOCSS			NAM	- i					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '-ST-ZIP					
12. I hereby a indicated of the core changed	certify that the information supplied w on this report or supplemental report rporation or the receiver or trustee em or on an attachment with ay address	ith this filling does not qualify for the true and accurate and that powered to execute this report with all other like empowered	or the exe my signa rt as requi	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I ct as if made under o es, and that my name	further certify the ath, that I am an appears in Bloc	at the in officer ok 10 or	nformation or director Block 11 if

305 633 9001 Daytone Phone +

SIGNA JURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ___