



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 004 ***150.00

DOCUMENT # P04000077604					
1. Entity Name A1A KENDALL TOWING & RECOVERY, INC.					
Principal Place of Business 18795 SW 105 AVE MIAMI, FL 33157		Mailing Address 18795 SW 105 AVE MIAMI, FL 33157		<p style="text-align: right; font-size: 24px;">20033347</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232005 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 20-1228540	
				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			7. Name and Address of New Registered Agent		
GUTIEREZ, MIRNA 18795 SW 105 AVE MIAMI, FL 33157			Name BENITO MENDEZ		
			Street Address (P.O. Box Number is Not Acceptable) 14802 S.W. 169TH LANE		
			City MIAMI FL Zip Code 33187		
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: <i>Benito Mendez</i>		BENITO MENDEZ, SECRETARY		4/8/05	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIEREZ, MIRNA		NAME	RAY HERNANDEZ	
STREET ADDRESS	18795 SW 105 AVE		STREET ADDRESS	14802 S.W. 169TH LANE	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT / TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DIANA M. HERNANDEZ	
STREET ADDRESS			STREET ADDRESS	14802 S.W. 169TH LANE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BENITO MENDEZ	
STREET ADDRESS			STREET ADDRESS	14802 S.W. 169TH LANE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Delete	TITLE	0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Benito Mendez</i>		BENITO MENDEZ, SECRETARY		4/8/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 214-632-4283	