


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90092 045 \*\*\*158.75

**DOCUMENT # 343995**  
 1. Entity Name  
**KENDALL CAR WASH, INC.**



Principal Place of Business Mailing Address  
**9750 N KENDALL DRIVE MIAMI FL 33176**      **9750 N KENDALL DRIVE MIAMI FL 33176**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1281088** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STEPHEN SAKS**  
**13686 DEERING BAY DRIVE**  
**MIAMI FL 33158**

7. Name and Address of New Registered Agent  
 Name **STEPHEN SAKS.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13686 DEERING BAY DRIVE**  
 City **CORAL GABLES FL** Zip Code **33158**

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 *Stephen Saks* **STEPHEN SAKS.** DATE **3-8-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SAKS,STEPHEN	
STREET ADDRESS	13686 DEERING BAY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAKS,LAWRENCE	
STREET ADDRESS	9970 SW 124TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKS STEPHEN	
STREET ADDRESS	13686 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKS, LAWRENCE	
STREET ADDRESS	9970 SW 124TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176.	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICE SAKS	
STREET ADDRESS	13686 DEERING BAY DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Stephen Saks* **STEPHEN SAKS.** DATE **3-8-04** DAYTIME PHONE # **305-255-4646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR