2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2006 8:00 am Secretary of State **DOCUMENT #343995** 1. Entity Name 02-27-2006 90052 027 ***150.00 KENDALL CAR WASH, INC. Principal Place of Business Mailing Address 9750 N KENDALL DRIVE 9750 N KENDALL DRIVE MIAM!, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1281088 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN. SAKS STEPHEN SAKS Street Address (P.O. Box Number is Not Acceptable) 13686 DEERING BAY DRIVE MIAMI, FL 33158 13686 DEERING BAY DRIVE 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: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -Delete TITLE ☐ Addition Change SAKS STEPHEN SAKS, STEPHEN NAME NAME STREET ADDRESS 13686 DEERING BAY DRIVE STREET ADDRESS 13686 DEERING BAY DRIVE CITY-ST-ZIP MIAMI, FL 33158 CITY-ST-ZIP VD Delete TITLE TITLE Change ☐ Addition SAKS, LAWRENCE NAME NAME STREET ADDRESS 9970 SW 124TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-7IP S Delete TITLE TITLE ☐ Change ☐ Addition NAME SAKS, BERNICE NAME STREET ADDRESS 13686 DEERING BAY DRIVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33158 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND APED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date

STREET ADDRESS

2-8-06 30-274677

FILED