JAN. 18. 2005 2:57PM Goldstein Lewin 561-241-0071

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Secretary of State
01-24-2005 90054 037 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035052

1. Entity Name
ALL BRITE CAR WASH, INC.

Principal Place of Business
2015 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33436

Mailing Address
1610 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

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2. Principal Place of Business		3. Mailing Address	
		1601 S. FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: BOYNTON BEACH	
Zip	Country	Zip: 33435	Country: PBC.

01182005 Chg-P CR2E034 (10/03)

4. FEI Number: 41-2087373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIEN, HYMIE JACK
2016 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P GIEN, HYMIE JACK 1610 S. FEDERAL HWY BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______ PRESIDENT 01/19/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #