2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000982

1. Entity Name
SPEDIL WASHING CENTER, INC.

FILED
06 JAN -5 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01042006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
54 NW 11 STREET MIAMI, FL 33136	54 NW 11 STREET MIAMI, FL 33136

2. Principal Place of Business	3. Mailing Address
1602 Alton Rd	1602 Alton Rd
Suite, Apt. #, etc.: Sto 88	Suite, Apt. #, etc.: Sto 88
City & State: Miami Beach Fl	City & State: Miami Beach Fl
Zip: 33139 Country: US	Zip: 33139 Country: US

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIOVANNI, BELOSSI
54 NW 11 STREET
MIAMI, FL 33136

7. Name and Address of New Registered Agent

Name: Giovanni Belossi
Street Address (P.O. Box Number is Not Acceptable): 1602 Alton Rd
Sto 88
City: Miami Beach Fl **FL** Zip Code: 33139

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: _____ Jan 3, 2006
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

400064583964
01/26/06--01065--026 **158.75

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPERATI, MARIO 54 NW 11 STREET MIAMI, FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Luciano Quatrida 1602 Alton Rd Sto 88 Miami Beach Fl 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPERATI, ROBERTO 54 NW 11 STREET MIAMI, FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MASSAGLIA, TANCREDI 54 NW 11 STREET MIAMI, FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAURIZIO, CHIANESE 54 NW 11 STREET MIAMI, FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ Jan 3, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #