2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # 349534** 1. Entity Name 04-15-2004 90008 019 ***150.00 UNLIMITED CARWASHING, INC. Principal Place of Business Mailing Address 5150 SW 148TH AVENUE 5150 SW 148TH AVENUE 54033632 FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1269004 Not Applicable Zip Country Zip 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 المحجودة بماء فالمناف RIETTER, KARL C Street Address (P.O. Box Number is Not Acceptable) 5150 SW 148TH AVENUE FT LAUDERDALE FL 33330 City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 7III F ☐ Delete TITLE ☐ Addition RIETTER, ANITA L. NAME STREET ADDRESS 5150 SW 148TH AVENUE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33330 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIETTER, KARL C. NAME NAME STREET ADDRESS 5150 SW 148TH AVENUE STREET ADDRESS FT LAUDERDALE FL 33330 CITY, ST., ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE TITLE NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

03-10-04

954-680-9721

Daytime Phone #

FILED