## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2008 08:00 AM Secretary of State

DOCUMENT # 349534  1. Entity Name UNLIMITED CARWASHING, INC.			Secretary of Star		
5150 SW 14	e of Business 8TH AVENUE PALE, FL 33330 US	Mailing Address 5150 SW 148TH AVENUE FT LAUDERDALE, FL 33330	US		,.
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01112008 4. FEI Numbe 59-1269	
	_		DO NOT WRITE IN THIS SPACE		
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 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	02/20/08-80110-009 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT LAUDERDALE, FL 33330 STD RIETTER, KARL C.	ECTORS		:	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	5150 SW 148TH AVENUE FT LAUDERDALE, FL 33330		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP '				IN 7	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				,	. 1
NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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: WWW 5. KLEWEY   MOUNTAIN 178/2008 934-434-6926  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					

ANITA L. KIETTER, PRESIDENT