


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K13239**  
 1. Entity Name  
 CAR WASH U.S.A., INC.



Principal Place of Business      Mailing Address  
 3240 SW 139 AVE                      3240 SW 139 AVE  
 MIAMI, FL 33175                      MIAMI, FL 33175

**DO NOT WRITE IN THIS SPACE**



04062004      No Chg-P      CR2E034 (10/03)

4. FEI Number: 65-0025056      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OROZCO, LEONEL S.  
 3240 S.W. 139TH AVENUE  
 MIAMI, FL 33175

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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: *Leonel S. Orozco*      Leonel S. Orozco, Pres.      04-06-2004  
Signature typed on this form is acceptable unless indicated otherwise and where applicable. If the signature requires further authentication, the signature required shall be indicated.      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Contributions:  \$5.00 May Be Added to Fees

U00000108582  
 04/12/04-80009-007 150.00

10. OFFICERS AND DIRECTORS

OFFICER	PD
NAME	OROZCO, LEONEL S.
STREET ADDRESS	3240 SW 139 AVE
CITY-STATE-ZIP	MIAMI, FL
OFFICER	STD
NAME	OROZCO, GLADYS R.
STREET ADDRESS	3240 SW 139 AVE
CITY-STATE-ZIP	MIAMI, FL
OFFICER	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
OFFICER	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information supplied with this filing does not comply for the corporation stated in Section 119.07(3)(f), 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: *Leonel S. Orozco*      Leonel S. Orozco      04-06-2004      (305) 551-6657  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #