
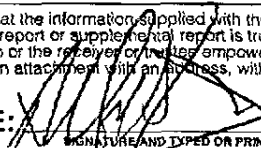


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K91621 1. Entity Name ASE CAR CARE SPECIALISTS, INC.		
Principal Place of Business 7544 W. MCNAB ROAD, C-15-18 NORTH LAUDERDALE, FL 33068-2451		Mailing Address 7544 W. MCNAB ROAD, C-15-18 NORTH LAUDERDALE, FL 33068-2451
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAHN, JEFFREY B PA 3300 UNIVERSITY DRIVE SUITE 711 CORAL SPRINGS, FL 33065		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000545006 05/11/06-80056-010 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUCHS, MARTIN S. 5347 NW 119 TERRACE CORAL SPRINGS, FL 33076	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FUCHS, LAUREN 5347 NW 119 TERRACE CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MARTIN FUCHS PRESIDENT 4/27/06 (957) 720 9883 <small>Date Daytime Phone #</small>