

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90025 015 ***150.00

DOCUMENT # K96115

1. Entity Name

THE GREAT AMERICAN CAR WASH, INC.



Principal Place of Business

% JAMES CONFALONE
3400 S. DIXIE HWY.
COCONUT GROVE FL 33133

Mailing Address

% JAMES CONFALONE
3400 S. DIXIE HWY.
COCONUT GROVE FL 33133

2. Principal Place of Business

3500 Bird Avenue
Suite, Apt. #, etc.

3. Mailing Address

PO Box 76
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0129856

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CONFALONE, JAMES
3400 S. DIXIE HWY.
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name James Confalone

Street Address (P.O. Box Number is Not Acceptable)

3500 Bird Avenue

City Miami

FL

Zip Code 33133

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | CONFALONE, JAMES | |
| STREET ADDRESS | 3400 S. DIXIE HWY | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | RUDOLFO, CAPI | |
| STREET ADDRESS | 3400 S DIXIE HWY | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James Confalone | |
| STREET ADDRESS | 3500 Bird Avenue | |
| CITY-ST-ZIP | Miami, FL 33133 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

James Confalone (p) *James Confalone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/04 (305) 442-7377