

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00070

FILED
Apr 18, 2005
Secretary of State

Entity Name: SUNSHINE WASH AND WAX, INC.

Current Principal Place of Business:

133 NE DOMINICAN TERR.
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

1273 S.W. CURTIS STREET
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

133 NE DOMINICAN TERR.
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

1273 S.W. CURTIS STREET
PORT SAINT LUCIE, FL 34983 US

FEI Number: 65-0128109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, SHELDON L.
10720 CARIBBEAN BLVD.
SUITE 240
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: UNGER, PETE
Address: 508 SE KYLE RD.
City-St-Zip: PORT ST. LUCIE, FL

Title: DVT () Delete
Name: UNGER, LISA ANN,
Address: 508 SE KYLE RD.
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: UNGER, PETE
Address: 1273 S.W. CURTIS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: DVT (X) Change () Addition
Name: UNGER, LISA ANN,
Address: 1273 S.W. CURTIS STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA UNGER

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date