2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L02000004407

Entity Name: PRONTOWASH U.S.A., L.L.C.

Current Principal Place of Business:

5481 NW 159 ST
MIAMI, FL 33014

New Principal Place of Business:

4970 SW 52ND ST
SUITE 320
DAVIE, FL 33314

Current Mailing Address:

5481 NW 159 ST
MIAMI, FL 33014

New Mailing Address:

4970 SW 52ND ST
SUITE 320
DAVIE, FL 33314

FEI Number: 35-2164225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, STUART
5481 NW 159 ST
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

WILLIAMS, STUART
4970 SW 52ND ST
SUITE 320
DAVIE, FL 33314 US

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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: P.W. HOLDINGS CORPORATION
Address: 5481 NW 159TH STREET
City-St-Zip: MIAMI, FL 33014

Title: MGRM ( ) Delete
Name: WILLIAMS, STUART
Address: 5481 NW 159TH STREET
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: P.W. HOLDINGS CORPORATION
Address: 4970 SW 52ND ST, SUITE 320
City-St-Zip: DAVIE, FL 33314

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, STUART
Address: 4970 SW 52ND ST, SUITE 320
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STUART WILLIAMS MGMR 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date