

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90175 024 ****50.00

DOCUMENT # L02000014510

1. Entity Name
MASTER CARWASH, L.L.C.



Principal Place of Business
**150 S.E. 2ND AVE., SUITE 1200
MIAMI, FL 33131**

Mailing Address
**150 S.E. 2ND AVE., SUITE 1200
MIAMI, FL 33131**

2. Principal Place of Business
**9130 SOUTH DADELAND BLVD
SUITE 1504**

3. Mailing Address
**9130 SOUTH DADELAND BLVD
SUITE 1504**

City & State
MIAMI

City & State
MIAMI

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1432397

Applied For
Not Applicable

Zip
FL

Country
USA

Zip
FL

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, BORIS
150 S.E. 2ND AVE., SUITE 1200
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **MARIO GUZMAN**
Street Address (P.O. Box Number is Not Acceptable)
9130 SOUTH DADELAND BLVD. STE 1504
City **MIAMI** FL Zip Code **33156**

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 **MARIO GUZMAN** DATE **1-25-06**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STEZ & SAFER CORP.**
STREET ADDRESS **150 SE 2ND AVE STE 1200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **EDGAR HALAC**
CITY-ST-ZIP **2600 ISLAND BLVD. APT. 705
AVENTURA FL. 33160**

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **FERNANDO HALAC**
CITY-ST-ZIP **3711 NE 214 STREET
AVENTURA FL. 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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: **[Signature]** DATE **1-25-06** DAYTIME PHONE # **305-374-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE