2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L03000006213** 04-26-2004 90047 021 ****50.00 PRONTOWASH DADELAND, LLC Principal Place of Business Mailing Address **Z4UJ4116** 5481NW 159TH ST. 5481NW 159TH ST. MIAMI, FL 33014 US MIAMI, FL 33014 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-LLC CR2E083 (10/03) City & State Applied For 4. FEI Number City & State 84-1617815 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRUGUER, LAWRENCE 5481 NW 159TH ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33014 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition mìE TIBE MAHAGING MEMDER ☐ Delete ☐ Change SABI NW 159 CT. NAME NAME STREET ADDRESS STREET ADDRESS Miami FL 33014 MANAGING LENBER LAWRENCE KRUGUER CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME MAME 2333 BRICKELL AVE #1912 STREET ADDRESS STREET ADDRESS 33 129 MIAMI FL CITY-ST-7IP CITY-ST-ZIP TILE ☐ Delete mr Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change · ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ... Addition NAME NAME in the state of the second STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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. PROPTOWASH USA LLC MAVA GING MENGER

LARRY KRUBUM

Date

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED