2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90018 039 ***150.00

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1. Entity Name
MAJESTIC CAR WASH OF FORT LAUDERDALE, INC.

40027036

01122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6196 NW 11TH ST STE D SUNRISE, FL 33313 US	6196 NW 11TH ST STE D SUNRISE, FL 33313 US

	2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Street	1832 Monte Carlo Way	1832 Monte Carlo Way
Suite, Apt. #, etc.		
City & State	Coral Springs, FL	Coral Springs, FL
Zip	33071-7829	33071-7829
Country		

4. FEI Number: 65-0200244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORAKOVE, GERALD L., CPA
6196 NW 11TH STREET
SUITE D
SUNRISE, FL 33313

7. Name and Address of New Registered Agent

Name: Irene Kaufman
Street Address (P.O. Box Number is Not Acceptable): 1832 Monte Carlo Way
City: Coral Springs FL Zip Code: 33071-7829

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: Irene K. Kaufman DATE: 2/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFMAN, BERTRAM 1832 MONTE CARLO WAY CORAL SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Irene Kaufman 1832 Monte Carlo Way Coral Springs, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Irene K. Kaufman Date: 2/16/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR