2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 07, 2005 00:00 A			
1. Entity Nam	MENT # P0000003764 OBIL WASH, INC.	5			Sec	retary o	of State
P.O. BOX 17	/1536 <u> </u>	ailing Address P.O. BOX 171536 IIALEAH, FL 33017-1536			: 11 11 31 11 31 11 31 11 31 11 31 11		
DO NOT WRITE IN THIS SPA			CE	03182005 No Chg-P CR2E034 (10/03) 4. FEI Number			
SILVA, AROLDO 7731 NW 36 AVE. MIAMI, FL 33147 DO NOT WRITE IN THIS SPACE							
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 Signature, typed orprinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Finar Trust Fund Contribution.		.00 May Be ed to Fees	U00000 04/07/05-)291933 -80048-021	150.00
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT D SILVA, AROLDO 5120 N.W. 178TH TERRACE OPA LOCKA, FL 33055	CTORS			NOT W		
STREET ADDRESS CITY-ST-ZIP							

12. 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

AND STATE OF SIGNING OFFICER OR DIRECTOR ,

DRESIDEM

3/28/61

909-8900 Daytine Phone #