FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State P01000015030 **DOCUMENT #** 1. Entity Name VIP CAR WASH, INC. 05-01-2002 91569 015 ***150.00 Principal Place of Business Mailing Address 1911 NE 8TH COURT 1911 NE 8TH COURT **SUITE 122** SUITE 122 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 Principal Place of Business 3. Mailing Address 4362 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4 FEI Number 65-107 4590 Applied For Lam ď Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent AQUILINO, JULIANA DESPACHADIE Street Address (P.O. Box Number is Not Acceptable) 3961 N. FEDERAL HWY. POMPANO BEACH FL 33064 396/N. FEDERAL tity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATI ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 DOMINGOS BRESSAN, ANDRE JR. NAME NAME 1911 NE 8TH COURT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SUAREZ, RAUL ARIEL NAME NAME STREET ADDRESS 1911 NE 8TH COURT STREET ADDRESS CITY_ST-ZIP_ FT..LAUDERDALE.FL.33304 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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