
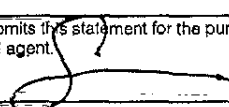
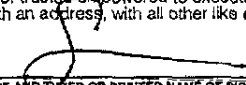


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000015314</b> 1. Entity Name <b>CHOCO'S AUTO DETAILING OF THE TREASURE COAST, INC.</b>		
Principal Place of Business <b>1888 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984</b>	Mailing Address <b>1888 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984</b>	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  <b>MEJIA, SOCRATES 1888 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984</b>		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <i>Socrates Mejia</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>3/10/05</b>  <small>DATE</small> </div> </div>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>U000000260953</b> <b>03/12/05-80045-012 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEJIA, SOCRATE 1888 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984</b>	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/10/05</b> <b>332</b> <small>Date Daytime Phone #</small>