

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 020 ***150.00

DOCUMENT # P01000045525

1. Entity Name
CHARLIE'S AUTO CARE & DETAILING SERVICE, INC.



Principal Place of Business
**3541 NW 9TH CT
FT LAUDERDALE, FL 33311**

Mailing Address
**3541 NW 9TH CT
FT LAUDERDALE, FL 33311**

94008259



01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0974875

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JANIE
3541 NW 9TH CT
FT LAUDERDALE, FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE **JANIE Williams**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-28-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **PCEO** ☐ Delete
NAME **WILLIAMS, JANIE**
STREET ADDRESS **3541 NW 9TH CT**
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WILLIAMS, JANIE**
STREET ADDRESS **3541 NW 9TH CT**
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, CLIFTON H**
STREET ADDRESS **3146 NW 68 ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE **Board Advisor/Ex-Officio** ☐ Change ☐ Addition
NAME **RODRIGUEZ, CLIFTON H, CPA**
STREET ADDRESS **3146 NW 68 Street, Ste. No. 1**
CITY-ST-ZIP **FT. Lauderdale, Florida 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P** ☐ Change ☒ Addition
NAME **Charlie E. Williams**
STREET ADDRESS **3541 N.W 9th Ct**
CITY-ST-ZIP **Fort. Lauderdale, Florida. 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 954 587-1074
Date Daytime Phone #