

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90030 009 \*\*\*150.00

<b>DOCUMENT #</b>	P01000045525
<b>1. Entity Name</b>	
Charlie's Auto Care & Detailing Service, Inc.	

**DO NOT WRITE IN THIS SPACE**

**40005492**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
3541 NW 9th Court	P.O. Box 120130
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

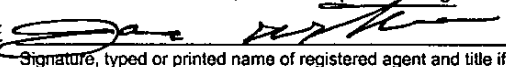
<b>City &amp; State</b>	<b>City &amp; State</b>
Ft. Lauderdale, FL	Fort Lauderdale, Florida
<b>Zip</b>	<b>Country</b>
33311	USA

<b>4. FEI Number</b>	<b>Applied For</b>
65-0974875	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	
Janie Williams	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
3541 NW 9th Court	
<b>City</b>	<b>Zip Code</b>
Fort Lauderdale	33311

**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** **1/18/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P/CEO
<b>NAME</b>	Williams, Janie
<b>STREET ADDRESS</b>	3541 NW 9th Court
<b>CITY-ST-ZIP</b>	Fort Lauderdale, Florida 33311
<b>TITLE</b>	Vice President/Manager of Operations
<b>NAME</b>	Charlie E. Williams, III
<b>STREET ADDRESS</b>	P.O. Box 120130
<b>CITY-ST-ZIP</b>	Ft. Lauderdale, Florida 33312
<b>TITLE</b>	Board Advisor/Ex-Officio
<b>NAME</b>	Clifton H. Rodriguez, CPA
<b>STREET ADDRESS</b>	3146 NW 68 Street
<b>CITY-ST-ZIP</b>	Fort Lauderdale, Florida 33309-1206
<b>TITLE</b>	Corporate Secretary/Director
<b>NAME</b>	Williams, Janie
<b>STREET ADDRESS</b>	P.O. Box 120130
<b>CITY-ST-ZIP</b>	Ft. Lauderdale, Florida 33312
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**


**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Janie Williams** **1/18/2005** **(954)587-1074**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

40005492

<b>DOCUMENT # P01000045525</b> 1. Entity Name <b>CHARLIE'S AUTO CARE &amp; DETAILING SERVICE, INC.</b>					
Principal Place of Business <b>3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>			Mailing Address <b>3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0974875</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JANIE 3541 NW 9TH CT FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRÍQUEZ, CLIFFON H CPA 3146 NW 68 STREET, STE. NO. 1 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, CHARLIE E 3541 NW 9TH CT FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					