


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90166 025 ***150.00

DOCUMENT # P01000079689

1. Entity Name
AVENTURA FINEST CARWASH AND SERVICE AT THE MALL, INC.



Principal Place of Business
**2890 NE 187TH STREET
 AVENTURA, FL 33180**

Mailing Address
**2890 NE 187TH STREET
 AVENTURA, FL 33180**

54052976



2. Principal Place of Business
18851 NE 29th AVE

3. Mailing Address
18851 NE 29th AVE

Suite, Apt. #, etc.
106

04302004 Chg-P CR2E034 (10/03)

City & State
AVENTURA FL

City & State
AVENTURA, FL

Zip
33180 Country

4. FEI Number
65-1135960

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**PERLOW, JEFFREY M
 C/O FROMBERG PERLOW & KORNIK PA
 20801 BISCAYNE BLVD SUITE 505
 AVENTURA, FL 33180**

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

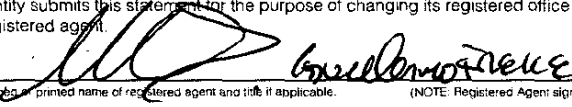
7. Name and Address of New Registered Agent

Name
FREILE, GUILLERMO

Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AVE

City
AVENTURA State **FL** Zip Code **33180**

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:  **Guillermo Freile** DATE: **4/2/04**


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

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 NAME STREET ADDRESS CITY-ST-ZIP | PD FRELLE, GUILLERMO 20815 NE 31 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BENHAHO, FRANCE 165 GOLDEN BEACH DR. GOLDEN BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BENHAHO, LAURENT 2600 WILLIAMSPERLAND BLVD #1506 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FREILE, MARIA 20815 NE 31 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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)(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.

SIGNATURE:  **Guillermo Freile** Date: **4/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR