


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

City & State
AVENTURA FL

Zip
33180

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1135960

Applied For
 Not Applicable

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

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**

7. Name and Address of New Registered Agent

Name
FREILE, GUILLERMO

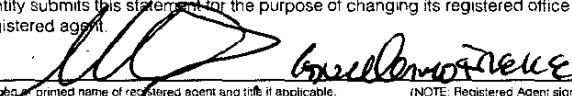
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AVE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREILE, GUILLERMO	
STREET ADDRESS	20815 NE 31 PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENHAHO, FRANCE	
STREET ADDRESS	165 GOLDEN BEACH DR.	
CITY-ST-ZIP	GOLDEN BEACH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREILE, MARIA	
STREET ADDRESS	20815 NE 31 PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICA, LAURENT	
STREET ADDRESS	2600 WILLIAMSPERLAND BLVD #1506	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Guillermo Freile** Date: **4/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR