


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6f.

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90009 013 \*\*\*150.00

<b>DOCUMENT # P02000021627</b>		
1. Entity Name <b>DANNY'S MOBILE CAR WASH &amp; AUTO DETAILING, CORP.</b>		
Principal Place of Business <b>20589 SW 2 ST. PEMBROKE PINES, FL 33029</b>	Mailing Address <b>20589 SW 2 ST. PEMBROKE PINES, FL 33029</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BACHILLER, DANIEL 20589 SW 2 ST. PEMBROKE PINES, FL 33029</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHILLER, DANIEL 20589 SW 2 ST. PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAGA, TERESA 20589 SW 2 ST. PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>N. DOCHACE (PRESIDENT)</u>		06-17-08 (305) 308-8336
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

00014674



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0551361**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**