



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED


**Feb 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000026004 1. Entity Name WILLIE MOBIL CAR WASH CORP.									
Principal Place of Business 15045 SW 127 CT MIAMI FL 33186		Mailing Address 15045 SW 127 CT MIAMI FL 33186							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt #, etc.							
City & State		City & State							
Zip		Country		Zip					
Country		Country		Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VILLALBA, WILFREDO 15045 SW 127 CT MIAMI FL 33186				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL Zip Code					
4. FEI Number 04-3620639 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"></td> </tr> </table>						Applied For		Not Applicable	
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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: 									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VILLALBA, WILFREDO		NAME						
STREET ADDRESS	15045 SW 127 CT		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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CITY-ST-ZIP			CITY-ST-ZIP						



MOORE CR2E034 (11/03)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR