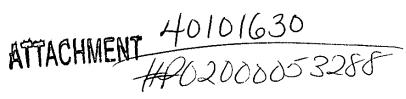
2006 FOR PROFIT CORPORATION ANNUAL REPORT

2006 FOR PROFIT CORPORATION ANNUAL REPORT	FILED Aug 15, 2006 8:00 am Secretary of State 08-15-2006 90004 020 ***150.00
UMEN 10000 53000 Name A D ERIOL WASH INC - SOUTH FURTH Mailing Address H4 + 1 87	40101630 /
Place of Business OAKLAND PARK, FL 33334	or out 18291
DO NOT WRITE IN THIS SPACE	08102006 No Chg-P CR2E034 (11/05) 4 F5 One O3 - O4 5044 Not Applied For Not Applicable \$8.75 Additional Fee Required
Address of Current Registered Agent	5. Certificate of Status Desired Fee Required DO NOT WRITE
1020 N. R MAT SI	IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered office or the pulpose of changing its registered office or the pulpose of changing its registered agent.	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SNATURE Signature. Hyperd or printed name of registered agent and gilled applicable. (NOTE: Registered Agent signals	\$5.00 May Be In accordance with s. 607.193(2)(b); F.S., the corporation did not receive the prior notice:
FILE NOW!!! FEE IS \$150.00 Trust Fund Communication Due by September 6, 2006 OFFICERS AND DIRECTORS	
THE PRETIDENT 2693 S. W. 137+N TER 2693 S. W. 137+N TER MIRAMAL PL 337	02-71
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST-ZUP	DO NOT WRITE IN THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZUP	
TITLE HAME STRET ADDRESS CITY-ST-ZIP	
NILE NAME STREET ADDRESS CITY-51-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exert indicated on this report or supplemental report is true and accurate and that my signature indicated on this report or supplemental report is true and accurate this report as require of the corporation or the receiver or trustee empowered to execute this report as require on the report of an attachment with an address, with all other life empowered.	
12. I hereby certify that the information is report is froe all a security his report as required indicated on his report or supplemental report is froe all a execute his report as required in the corporation of the receiver or trustee empowered to execute his report as required in the corporation of the receiver or trustee empowered to execute his report as required the corporation of the	Date Daytime Phone s



ALEXANDER JACKSON

CERTIFIED PUBLIC ACCOUNTANT 4900 NORTH OCEAN BLVD LAUDERDALE BY THE SEA,FL 33308 SUITE 1412 954 658 3664

FLORIDA DIVISION OF CORPORATIONS

WE NEVER RECEIVED ANY LETTERS BECAUSE OF KATRINA

PLEASE FORGIVE US BEING LATE

There Inos

YOURS TRULY