2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 12, 2005 08:00 AM Secretary of State

DOCUMENT # P02000064861 1. Entity Name EXOTIC AUTO DETAIL INC.						Secretary of Stat			
Principal Place 2978 SW 14 MIAMI, FL 3			Mailing Address 2978 SW 14 ST MIAMI, FL 33145		•		il Bang libn dält sahir s		12118 M/281 (16185) 15 1887
DO NOT WRITE IN THIS SPACE						08092005 4. FEI Numb 02-061		CR2E034	
BENITEZ, BOB 3529 SW 112 PL MIAMI, FL 33165					DO NOT WRITE IN THIS SPACE				
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 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.					\$5. Adde	.00 May Be ed to Fees	in accordance corporation did	with s. 607.19 I not receive t	93(2)(b), F.S., the he prior notice.
1D. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPVS MARTIN, JUAN M 2978 SW 14 ST MIAMI, FL 33145 T MARTIN, JUAN M	PŘÍCERŠ ANĎ DII	RECTORS				70) - 98/12/	0003762 05-8000	1 3 4-005 150.0 0
STREET ADDRESS CITY-ST-ZIP	2978 SW 14 ST MIAMI, FL 33145							-	
NAME STREET ADDRESS CITY-ST-ZIP						DO	NOT W	/RITE	
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12. I hereby certify that the information supplied with this filling 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: MONTH OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Pions #									