

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90017 047 \*\*\*150.00

DOCUMENT # P02000112942	
1. Entity Name WATERWAY CAR WASH OF PALM BEACH GARDENS, INC.	

Principal Place of Business 126 LANDS END WAY JUPITER, FL 33458	Mailing Address 126 LANDS END WAY JUPITER, FL 33458
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2. Principal Place of Business 2760 N. MILITARY TRAIL	3. Mailing Address 2 YACHT CLUB PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01252006 Chg-P CR2E034 (11/05)

City & State WEST PALM BEACH, FL	City & State TEQUESTA, FL
Zip 33408	Zip 33469
County PALM BEACH	Country USA

4. FEI Number 55-0803167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, PEDRO  
~~126 LANDS END WAY~~  
~~JUPITER, FL 33458~~

2 YACHT CLUB PLACE  
 TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOMEZ, PEDRO F <del>126 LANDS END WAY</del> 2 YACHT CLUB PLACE <del>JUPITER, FL 33458</del> TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ANDREW L <del>126 LANDS END WAY</del> 2 YACHT CLUB PLACE <del>JUPITER, FL 33458</del> TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pedro F. Gomez 1/26/06 561-745-0606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #