


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State


04-05-2007 90146 032 ***150.00

DOCUMENT # P02000112942 1. Entity Name WATERWAY CAR WASH OF PALM BEACH GARDENS, INC.	
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Principal Place of Business 2760 N MILITARY TRL W. PALM BEACH, FL 33408	Mailing Address 2760 N MILITARY TRL P O Box 3178 TEQUESTA, FL 33408 33469
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40051400



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0803167	Applied For 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 2 YACHT CLUB PL TEQUESTA, FL 33469	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	GOMEZ, PEDRO F
STREET ADDRESS	2 YACHT CLUB PL
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	P
NAME	GOMEZ, ANDREW L
STREET ADDRESS	2 YACHT CLUB PL
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/25/07 (561)744-5251 <small>Date Daytime Phone #</small>
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