


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90002 050 \*\*\*150.00

<b>DOCUMENT # P03000048164</b>	
1. Entity Name CARWASH TWO, INC.	

Principal Place of Business 16 S HARRISON ST BEVERLY HILLS, FL 34465	Mailing Address 16 S HARRISON ST BEVERLY HILLS, FL 34465
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
MAUS, HELEN (Deceased) 16 S HARRISON STREET BEVERLY HILLS, FL 34465	

7. Name and Address of New Registered Agent	
Name <u>EDWARD LOMMEL</u>	
<u>16 S HARRISON ST</u>	
City <u>Beverly Hills</u>	FL Zip Code <u>34465</u>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MAUS, HELEN <input checked="" type="checkbox"/> Delete 16 S HARRISON ST BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAUS, HELEN <input checked="" type="checkbox"/> Delete 16 S HARRISON ST BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOMMEL, EDWARD <input type="checkbox"/> Delete 16 S HARRISON ST BEVERLY HILLS, FL 34465
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Richard Lommel</u> <u>33 PARLIMENT PLACE</u> <u>N BABYLON, NY 11703</u>
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

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: <u>[Signature]</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50023851



07272006 Chg-P CR2E034 (11/05)

4. FEI Number  
56-2403307

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

(631) 586-1222

7-27-06

Date Daytime Phone #