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Jun 21, 2004 8:00 am
Secretary of State
05-04-2004 90190 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056243

1. Entity Name
ALL WASH AND CAR DETAILING INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD., #293 PEMBROKE PINES, FL 33025	8362 PINES BLVD., #293 PEMBROKE PINES, FL 33025

66428680----

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		301 SW 85 WAY #	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #101	
City & State		City & State Pembroke Pines, Florida	
Zip	Country	Zip 33025	Country Broward

4. FEI Number 20-0237982 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, JULIE NNE 301 SW 85TH WAY., #8-101 PEMBROKE PINES, FL 33025	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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, JULIE NNE 301 SW 85TH WAY, #8-101 PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: J E Cole Julienne Cole 04/20/04 954-868-4182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment: [redacted] 66428680

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