

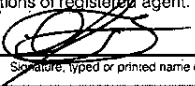



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 007 ***150.00

DOCUMENT # P03000072159 1. Entity Name SHINE & BRIGHT MOBILE DETAILING, INC					
Principal Place of Business 6270 WILES RD., #201 CORAL SPRINGS, FL 33067			Mailing Address 6270 WILES RD., #201 CORAL SPRINGS, FL 33067		
2. Principal Place of Business 12198 WEST SAMPLE RD Suite, Apt. #, etc.		3. Mailing Address 12198 WEST SAMPLE RD Suite, Apt. #, etc.			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 86-1075248	
Zip 33065		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ALFREDO J 6270 WILES RD., #201 CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent Name SANCHEZ, ALFREDO J. Street Address (P.O. Box Number is Not Acceptable) 12198 WEST SAMPLE RD City CORAL SPRINGS FL 33065	
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: 04/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete SANCHEZ, ALFREDO J 6270 WILES RD., #201 CORAL SPRINGS, FL 33067			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"/> Delete			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"/> Delete			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 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: 				Date: 04/14/04 Daytime Phone #	