## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

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

DOCUMENT # P03000072159  1. Entity Name SHINE & BRIGHT MOBILE DETAILING, INC							04-19-2004	1 903 / 9 00 / ****	150.00	
Principal Place of Business Mailing Address										
6270 WILES RD., #201 6270 WILES RD., #201 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067						1 (1883) 186	I Bryss film beki esiif ssr	II PUIN JERIA AIRAJ MARI AMAR		
	WEST	ess SAMPLE RD	3. Mailing Address 12198 WEST SAMPLE RD							
Suite, Apt. #, etc.			Suite, Apt, #, etc.			-04142004	Chg-P'	CR2E034*(10/03)		
City & State CORAL SPRINGS FL			CORAL SPRINGS FL			4. FEI Numb 86-10	er 175248	<b></b>	opplied For lot Applicable	
Zip Country U.S.A.		33065				of Status Desired	S8.75 Ac Fee Requir			
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name					
SANCHEZ, ALFREDO J 6270 WILES RD., #201 CORAL SPRINGS, FL 33067						SANCHEZ, ALFREDO J. Street Address (P.O. Box Number is Not Acceptable)				
COIVAL SI	111100, 1	. 33007				8 WEST S	WEST SAMPLE RD			
· · · · · · · · · · · · · · · · · · ·						RAL SPRIN		FL 338		
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  OY/14/04										
SIGNATURE Sociative typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									<u>1</u>	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution.						\$5.00 May Be Added to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE .	D` SANCHEZ	Z, ALFREDO J	☐ Delete TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		ES RD., #201 PRINGS, FL 33067			ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Delete .	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS - ST-ZIP					
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NAME STREET ADDRESS					ET ADDRESS					
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. NAME	<del></del>			NAMI				Onlings		
STREET ADDRESS City-St-Zip	1				ET ADDRESS -ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Delete	TITLE				¯ ☐ Change	Addition	
STREET ADDRESS				STRE	ET ADDRESS					
CiTY-ST-ZIP	nortific that the	o information a policy with	this filing does not a rath		-ST-ZIP	in Caption 110 07/01	(i) Planida Chatrata	I further position that the	informatica	
12. Thereby, 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 chapter on an attachment with an address, with all other like empowered.										