


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

23

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085358					
1. Entity Name PALM AVENUE CAR WASH INC.					
Principal Place of Business 904 WEST PALM DR. FLORIDA CITY FL 33034			Mailing Address 1150 NW 72 AVE STE 555 MIAMI FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0794212	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent QUINTANA, ARMANDO 1150 NW 72 AVE STE 555 MIAMI FL 33126				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTANA, ARMANDO 1150 NW 72 AVE STE 555 MIAMI FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U0000005300069 05/05/06-80100-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARANGES, RAMON 1150 NW 72 AVE STE 555 MIAMI FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)

4. FEI Number **02-0794212**

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

QUINTANA, ARMANDO
1150 NW 72 AVE STE 555
MIAMI FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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Make Check Payable to Florida Department of State

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
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CITY-ST-ZIP
PD
QUINTANA, ARMANDO
1150 NW 72 AVE STE 555
MIAMI FL 33126 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition
U0000005300069
05/05/06-80100-020 150.00

TITLE
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CITY-ST-ZIP
STD
MARANGES, RAMON
1150 NW 72 AVE STE 555
MIAMI FL 33126 ☐ Delete

TITLE
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Armando Quintana **Armando Quintana** **4/15/06** **786 201 1072**