

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000115236

1. Entity Name
CAR WASH III CONSULTING, INC.



FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90027 007 ***158.75

Principal Place of Business
1151 NORTHWEST 106TH AVE
PLANTATION, FL

Mailing Address
1151 NORTHWEST 106TH AVE
PLANTATION, FL

2. Principal Place of Business
9444 NW 46 ST
Suite, Apt. #, etc.

3. Mailing Address
9444 NW 46 ST
Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

Zip
33351

Country

01092004 Chg-P CR2E034 (10/03)

4. FEL Number
86-1087133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FEINER, ROD A
1404 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL

7. Name and Address of New Registered Agent
Name
ALLAN POMERANTZ
Street Address (P.O. Box Number is Not Acceptable)
9444 NW 46 ST
City
SUNRISE FL Zip Code
33351

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 ALLAN POMERANTZ DATE 1-10-04

(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 ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD SHNIDER, ARLINE 1151 NORTHWEST 106TH AVE PLANTATION, FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, HARVEY 2843 HEMINGWAY MONTGOMERY, TX 77356	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSDT SHNIDER, ARLINE 1151 NORTHWEST 106TH AVE PLANTATION, FL 33322	<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
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	* 9444 NW 46 ST SUNRISE FL 33351	<input checked="" 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	9444 NW 46 ST SUNRISE FL 33351	<input checked="" 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		<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: ALLAN POMERANTZ 1/14/04 9547413320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #