
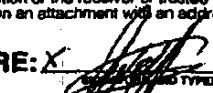


FILED
Jul 01, 2004 8:00 am
Secretary of State

04-30-2004 90262 020 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000124776					
1. Entity Name FANATIC SERVICE, CORP.					
Principal Place of Business 10899 S.W. 69 DR. MIAMI, FL 33173			Mailing Address 10899 S.W. 69 DR. MIAMI, FL 33173		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SUAREZ, GABRIELA 10899 S.W. 69 DR. MIAMI, FL 33173				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00			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	DP SUAREZ, SERGIO 10899 S.W. 69 DR. MIAMI, FL 33173 <input type="checkbox"/> Delete		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 807, 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: 			04-26-04 736-2713719		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

66429232

FANATIC SERVICE, CORP

10899 SW 69 Drive

Miami, FL 33173

June 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: **P03000124776**

Ladies or Gentlemen,

I am in receipt of your letter dated May 11, 2004. Unfortunately, it was not delivered until two days ago. Upon questioning the postman, I was informed that the delay was caused by the prolonged illness of our regular area postman. Please confirm this with the Sunset Post Office located at 7501 SW 117 Ave. Miami, FL 33173 with telephone number (305) 270-2091.

Apparently, your letter was delayed because it was addressed to a residential place, the home of the director of the corporation, but not the location of the fleet car wash business since the business is an on-site service, the garage of the fleet. The substitute postmen (since they were many), not finding FANATIC SERVICES, placed the letter back for return, but, much later, it found its way BACK to the director's home.

Consequently, your request just came to my attention and I rush to comply. However, since the delay was not of our doing, I am enclosing a payment of 150 dollars as it as stated originally.

Thank you very much for your understanding. Sincerely,


Sergio Suarez, Director

Enclosed: Check for \$150.00 and 2 Original Reports