


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90438 016 ***150.00

DOCUMENT # P04000003279		
1. Entity Name F1 CAR DETAILING CORP.		

Principal Place of Business 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351	Mailing Address 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351
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2. Principal Place of Business 3125 NE 184 st	3. Mailing Address 3125 NE 184 st
Suite, Apt. #, etc. # 1104	Suite, Apt. #, etc. # 1104
City & State Aventura FL	City & State Aventura FL
Zip 33160	Country USA



03082005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PALMIOTTO, FRANCO 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name: Palmiotto Franco Street Address (P.O. Box Number is Not Acceptable): 3125 NE 184 st # 1104 City: Aventura FL Zip Code: 33160	
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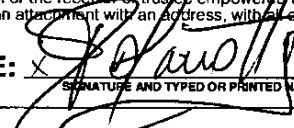
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PALMIOTTO, FRANCO 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD. Palmiotto Franco 3125 NE 184 st # 1104 Aventura FL 33160 <input checked="" 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
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:  3/14/05 9543261601
Date Daytime Phone #