2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014914

City-St-Zip:

NORTH MIAMI BEACH, FL 33179

FILED Mar 22, 2006 Secretary of State

Entity Nai	me: CLASSI	C CAR WASH SOUTH CO	P.				
Current Principal Place of Business:				New Principal Place of Business:			
1835 NE MIAMI GARDENS DRIVE #245 NORTH MIAMI BEACH, FL 33179				2701 SW 137TH AVENUE MIAMI, FL 33175			
Current Mailing Address:				New Mailing Address:			
1835 NE MIAMI GARDENS DRIVE #245 NORTH MIAMI BEACH, FL 33179				2701 SW 137TH AVENUE MIAMI, FL 33175			
FEI Number: 20-0640726		FEI Number Applied For () FEI Nur	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
283 CATA	RPORATE S' LONIA AVEN ABLES, FL 3:	/STEMS, INC. UE, 2ND FLOOR 3134 US					
	named entity e of Florida.	submits this statement for	the purpose o	of changing i	ts registere	d office or registered agent	, or both,
SIGNATU	RE:						
	Electro	nic Signature of Registere	d Agent	Date			
Election Car	mpaign Financii	ng Trust Fund Contribution ()					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ACKERMANN 1835 NE MIAN) Delete RONNY //I GARDENS DRIVE #245 BEACH, FL 33179		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CRIVOSEI, JA 1835 NE MIAN) Delete IME II GARDENS DRIVE #245 I BEACH, FL 33179		Title: Name: Address: City-St-Zip:	PD CRIVOSEI, 2701 SW 1 MIAMI, FL	37TH AVENUE	
Title: Name: Address:	ACKERMANN	X) Delete SOFIA /II GARDENS DRIVE #245		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAIME CRIVOSEI Ρ 03/22/2006