2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000023686

1. Entity Name MEGA WASH OF MIAMI, INC.



FILED Mar 02, 2006 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

19170 STONE BROOK ST WESTON, FL 33332

19170 STONE BROOK ST WESTON, FL 33332



02142006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0720066

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLTURO, GREGORY 19170 STONE BROOK ST WESTON, FL 33332

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or i	egistered agent, or b	oth, in the State of Florida. I am familiar v	vith, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remaining) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLTURO, GREGORY 19170 STONE BROOK ST WESTON, FL 33332					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRICONE, FRANK 144 ANCHOR LN BAY SHORE, NY 11706				1100000453791 113714706-80036-014	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; that I am 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

SIGNATURE: X