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2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 05-02-2005 90507 031 ***150.00 **DOCUMENT # P04000119756** ORANGE CAR WASH EXPRESS, INC. Principal Place of Business Mailing Address 66023921 1900 SOUTH ORANGE AVE 1900 SOUTH ORANGE AVE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04222005 City & State City & State Applied For 1231140 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1900 SOUTH ORANGE AVE ORLANDO, FL 32806 City Zip Code FL 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 Signeture, typed to printed name of registered agent and tille if applicable (NOTE: Registered Agent transfure required when reinstating) DATE \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. URF Delete TITLE ☐ Change ☐ Addition NAME CHO, KYUNG MI NAME STREET ADDRESS 1900 SOUTH ORANGE AVE STREET ADDRESS C11Y-51-73P ORLANDO, FL 32806 C11Y-ST-70P O Delete Add tion MILE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete DΠE HASTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE Change Addition TITLE MA :uue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7P Delete TITLE ☐ Change ☐ Addition NAME NULE STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not quality 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.

TYPED OR PROVIED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.05

FILED Jun 29, 2005 8:00 am