

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

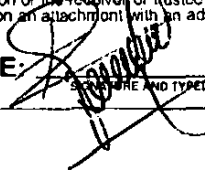
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Mar 29, 2007 8:00 am
Secretary of State

01-24-2007 90047 043 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P04000131204					
1. Entity Name EL TIO MOBILE CAR WASH, INC.					
Principal Place of Business 350 75TH STREET APT 207 MIAMI BEACH FL 33141 US			Mailing Address 350 75TH STREET APT 207 MIAMI BEACH FL 33141 US		
2. Principal Place of Business - No P.O. Box # 1000 DAY DR Suite, Apt. #, etc. 712			3. Mailing Address SAME Suite, Apt. #, etc. SAME		
City & State MIAMI BEACH FL			City & State SAME		
Zip 33141		Country DADE		Country SAME	
4. FEI Number 20-1635125			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331			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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when not a director) (DATE)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P CABRERA, JULIO 350 75TH STREET APT 207 MIAMI BEACH FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  CABRERA JULIO Signature, typed or printed name of signing officer or director					