

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 022 ***150.00

DOCUMENT # P04000139808

1. Entity Name
MIKE'S MOBILE WASH, INC.



Principal Place of Business
**7101 W. MCNAB ROAD, #201
TAMARAC, FL 33321**

Mailing Address
**7101 W. MCNAB ROAD, #201
TAMARAC, FL 33321**

2. Principal Place of Business

3111 N UNIVERSITY DR #615
Suite, Apt. #, etc.

3. Mailing Address

3111 N UNIVERSITY DR #615
Suite, Apt. #, etc.



03092006

Chg-P

CR2E034 (11/05)

City & State

CORAL SPRINGS, FL

Zip

33065

Country

Broward

City & State

CORAL SPRINGS, FL

Zip

33065

Country

Broward

4. FEI Number

20-1706597

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMADO, RICHARD
7101 W. MCNAB ROAD, #201
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name
AMADO, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
3111 N UNIVERSITY DR #615

CORAL SPRINGS, FL 33065

City

FL

Zip Code
33065

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROMERO, SAMANTHA**
STREET ADDRESS **P.O. BOX 8852**
CITY-ST-ZIP **CORAL SPRINGS, FL 33075**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **ROMERO, SAMANTHA**
STREET ADDRESS **3111 N UNIVERSITY DR #615**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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:

x Michael A. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/10/06

Date

Daytime Phone #