

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90075 004 \*\*\*150.00

<b>DOCUMENT # P04000161418</b> 1. Entity Name <b>MIRROR SHINE MOBILE DETAILING INC.</b>																												
Principal Place of Business 14240 NORTH 42ND ST APT. #506 TAMPA, FL 33613		Mailing Address 14240 NORTH 42ND ST APT. #506 TAMPA, FL 33613																										
2. Principal Place of Business <i>26752 Stillbrook Dr</i> Suite, Apt. #, etc. <i>Wesley Chapel FL</i>		3. Mailing Address <i>26752 Stillbrook Dr</i> Suite, Apt. #, etc. <i>Wesley Chapel FL</i>																										
City & State <i>33543</i>		City & State <i>Wesley Chapel FL</i>																										
Zip <i>33543</i>		Zip <i>33543</i>																										
Country <i>USA</i>		Country <i>USA</i>																										
6. Name and Address of Current Registered Agent  <b>TRAMONTANA, CARLOS A II</b> 14240 NORTH 42ND ST APT. #506 TAMPA, FL 33613		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PD</td> <td>TRAMONTANA, CARLOS A II</td> <td>14240 NORTH 42ND ST., APT. # 506</td> <td></td> </tr> <tr> <td></td> <td></td> <td>TAMPA, FL 33613</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>TRAMONTANA, Carlos A II</td> <td>26752 Stillbrook Dr</td> <td>Wesley Chapel, FL 33543</td> <td></td> </tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		PD	TRAMONTANA, CARLOS A II	14240 NORTH 42ND ST., APT. # 506				TAMPA, FL 33613			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TRAMONTANA, Carlos A II	26752 Stillbrook Dr	Wesley Chapel, FL 33543	
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12. I hereby certify that the information supplied with this filing does not qualify 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.																												
SIGNATURE: <i>[Signature]</i> <b>Carlos Tramontana II.</b> <i>3-23-05</i> <i>(S)</i> <i>598-1620</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																												