2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0500000982  1. Entity Name SPEDIL WASHING CENTER, INC.				FILED  16 JAN -5 PM  BECKLIA	1014
Principal Place of Business 54 NW 11 STREET MIAMI, FL 33136	Mailing Address 54 NW 11 STREET MIAMI, FL 33136		74 7	ALLAHASUET, YL	ORDA
2. Principal Place of Business  1603 A I ton Rd  1603 A I		Rd	A CONTROL OF THE CONT		
Suite, Apt. #, etc.  \$ \( \forall \) 8 \( 8 \)	Suite, Apt. #, etc.		01042006 Chg-P	CR2E034 (11/05)	
Liami Beach Fl	Miami Beach Fl		4. FEI Number	<del></del>	oplied For ot Applicable
Zip Country 33139 US	33139	Country US	5. Certificate of Status Desire	Fee Require	
6. Name and Address of Current GIOVANNI, BELOSSI 54 NW 11 STREET MIAMI, FL 33136	7. Name and Address of Ne 20 Vanni Belos. ss (PO, Box Number is Not Accept Alton R. d 8 i Beach Fl	si	°33139		
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the State o		
SIGNATURE Signature, 1904 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required				au 3,200(	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financing ribution.	\$5.00 May Be? 26 / 06 01 [	4593964 )65026 **158	. 75
10. OFFICERS AND	DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO PRESIDENT	OFFICERS AND DIRECTORS Change	S IN 11
NAME SPERATI, MARIO STREET ADDRESS 54 NW 11 STREET CITY-ST-ZIP MIAMI, FL 33136	La Delete	NAME !	resident Uciano Quatrida 1002 Alton Rd S Vanu Beach Fl		
TITLE V NAME SPERATI, ROBERTO STREET ADDRESS 54 NW 11 STREET CITY-ST-ZIP MIAMI, FL 33136	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
ITILE S NAME MASSAGLIA, TANCREDI STREET ADDRESS 54 NW 11 STREET CITY-ST-ZIP MIAMI, FL 33136	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MAURIZIO, CHIANESE 54 NW 11 STREET MIAMI, FL 33136	ADelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee emprchanged, or on an attachment with an address?	h this filling does not qualify for is true and accurate and that re- wered to execute this report with all other like empowered	or the exemptions conta my signature shall have as required by Chapter	the same legal effect as if made uni 607, Florida Statutes; and that my i	der oath; that I am an officer name appears in Block 10 of	nformation or director r Block 11 if
SIGNATURE:  SECULIATION STATEMENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da					