


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000003261		
1. Entity Name MALL CARWASH, INC		

FILED

06 DEC -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



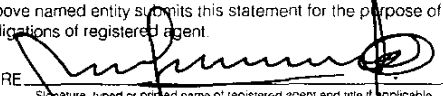
11222006 REIN-P CR2E098 (11/05)

2. Principal Place of Business 407 Lincoln Rd Suite, Apt. #, etc. 10-E City & State Miami Beach, FL Zip 33139 Country USA		3. Mailing Address 407 Lincoln Rd Suite, Apt. #, etc. 10-E City & State Miami Beach, FL Zip 33139 Country USA	
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4. FEI Number 20-4571707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

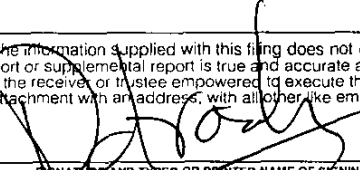
6. Name and Address of Current Registered Agent TOCHE, DAVID A 2923 SW 39 AVE MIAMI, FL 33134	
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7. Name and Address of New Registered Agent Name Marcelo P. Jurado Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd Suite 10-E City Miami Beach State FL Zip Code 33139	
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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 	DATE 11/22/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOCHE, DAVID A 2923 SW 39 AVE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/20/06 01004 009 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 11/22/06 305-968-7117

20 12/01