

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90001 027 ***150.00

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| DOCUMENT # P05000010746 1. Entity Name J&R MOBILE DETAILING CORP | | | |
| Principal Place of Business 8080 NW 96 TERRAC E SUITE 208 TAMARAC, FL 33321 | | Mailing Address 8080 NW 96 TERRAC E SUITE 208 TAMARAC, FL 33321 | |
| 2. Principal Place of Business 6061 N. Falls Dr Suite, Apt. #, etc. # 102 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Lander Hill FL | | City & State | |
| Zip 33319 | | Zip Country | |
| 4. FEI Number 20-22 09239 | | 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 CONTRERAS, JOSE 8080 NW 96 TERRACE SUITE 208 TAMARAC, FL 33321 | | 7. Name and Address of New Registered Agent Name Contreras Jose Street Address (P.O. Box Number is Not Acceptable) 6061 N. Falls Dr. # 102 City Lander Hill FL Zip Code 33319 | |
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE 3/9/06 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME CONTRERAS, JOSE STREET ADDRESS 8080 NW 96 TERRACE 208 CITY-ST-ZIP TAMARAC, FL 33321 | <input type="checkbox"/> Delete | TITLE P NAME Contreras Jose STREET ADDRESS 6061 N. Falls Dr. #102 CITY-ST-ZIP Lander Hill FL 33319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME CALERO, RICHARD STREET ADDRESS 8080 NW 96 TERRACE 208 CITY-ST-ZIP TAMARAC, FL 33321 | <input type="checkbox"/> Delete | TITLE VP NAME Calero Richard STREET ADDRESS 6061 N. Falls Dr #102 CITY-ST-ZIP Lander Hill FL 33319 | <input checked="" 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 |
| 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 |
| 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 3/9/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |