## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 19, 2007 8:00 am Secretary of State

DOCUMENT # P05000010746  1. Entity Name J&R MOBILE DETAILING CORP						03-19-2007	90090 048 ***1:	50.00
Principal Place of Business         Mailing Address           6061 N FALLS DR         8080 NW 96 TERRAC E           SUITE 102         SUITE 208           FORT LAUDERDALE, FL 33319         TAMARAC, FL 33321           2. Principal Place of Business - No P.O. Box #         3. Mailing Address			•					
Suite, Apt. #, etc. Suite, Apt. #, etc.					03142007	Chg-P	CR2E034 (12/06)	
City & State	$\mathcal{L}$	City & State			4. FEI Numb		<del> </del>	pplied For ot Applicable
<sup>zip</sup> 3 3	OG8 · Country	Zip	Country		Ì	of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent	N	lame	7. Name and	Address of New R	egistered Agent	<del></del>
CONTRERAS, JOSE 6061 N FALLS DR SUITE 102 LAUDERHILL, FL 33319				Street Address (P.O. Box Number is Not Acceptable)  5959  City/Incode  City/Incode				
8. The above named entity submits his 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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, JOSE 6061 N FALL DR, # 102 LAUDERHILL, FL 33319	□ Delete	TITLE NAME STREET AD CITY-ST-2	٠, ٠	onter of we	as Joseph News		Addition
TITLE NAME	VP CALERO, RICHARD	☐ Delete	TITLE NAME	وكر	à le co	Rich	hange d	Addition
STREET ADDRESS CITY-ST-ZIP	6061 N FALLS DR, # 102 LAUDERHILL, FL 33319		STREET ALI CITY-ST-1	1 6 4	359 W	Landa	c nias Resolution	33048
TITLE NAME		Delete	NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET AD				· <b>19</b>	
TITLE NAME		Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS City-St-Zip			CITY-ST-	j.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET AD CITY-ST-	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET AD CITY-ST-	DDRESS ZIP			Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is five and accurate and 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 ampowed 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.								