

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90043 033 ***150.00

DOCUMENT # P05000022005 1. Entity Name NUAGE AUTO DETAIL, INC.					
Principal Place of Business 14446 WEST DIXIE HIGHWAY MIAMI, FL 33161			Mailing Address P.O. BOX 800955 AVENTURA, FL 33280		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLAUSER, STUART H 14446 WEST DIXIE HIGHWAY MIAMI, FL 33161				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	INAN, GOKHAN M <i>SAME CITY ADDRESS CH.</i>		NAME	RYAN BELLINA	
STREET ADDRESS	3247 NE 242 STREET <i>20201 E. COUNTRY CLUB DR.</i>		STREET ADDRESS	19380 COLLINS AVENUE, APT #504	
CITY-ST-ZIP	AVENTURA, FL 33180 <i>UNIT 1805</i>		CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAROL, GOKHAN		NAME	GOKHAN M. INAN	
STREET ADDRESS	3009 NE 207 TERRACE		STREET ADDRESS	20201 E. COUNTRY CLUB DR. UNIT 1805	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			GOKHAN MATTHEW INAN ✓ <i>1/9/2006</i> <i>(305) 968 6472</i> <small>Date Daytime Phone #</small>		