## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P05000026457 1. Entity Name 04-13-2006 90290 042 \*\*\*150.00 FAMILY FUN WASH, INC. Principal Place of Business Mailing Address 18931 ORANGE GROVE BLVD 18931 ORANGE GROVE BLVD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 7633 S. Di Mailing Address Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For 65-0372551. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, JOAQUIN 18931 ORANGE GROVE BLVD LOXAHATCHEE FL 33470 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE Change ☐ Addition NAME HERNANDEZ, JOAQUIN. NAME Hernandez, Joaquin 7633 3. Dirie Hmy 33405 STREET ADDRESS 18931 ORANGE GROVE BLVD STREET ADDRESS. CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delote Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-S1-ZIP TITLE Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

FILED