

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90120 039 ***150.00

DOCUMENT # P05000034878 1. Entity Name BIRD ROAD CAR WASH, INC.																																																														
Principal Place of Business 1230 NW 7 STREET MIAMI, FL 33125			Mailing Address 1230 NW 7 STREET MIAMI, FL 33125																																																											
2. Principal Place of Business 8401 SW 40 STREET Suite, Apt. #, etc.		3. Mailing Address 10550 BISCAYNE BLVD Suite, Apt. #, etc.																																																												
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 26-0108295																																																										
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																										
6. Name and Address of Current Registered Agent SMITH, GARY V ESQ 1230 NW 7 STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name MULHOLLAND, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 10550 BISCAYNE BLVD City MIAMI FL Zip Code 33138																																																												
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 4/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>MULHOLLAND, JAMES</td> <td>10550 BISCAYNE BOULEVARD</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MIAMI, FL 33138</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP	MULHOLLAND, JAMES	10550 BISCAYNE BOULEVARD				MIAMI, FL 33138			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																				
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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: JAMES MULHOLLAND <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/17/06 Daytime Phone # 305-891-5889																																																										