

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037549

FILED  
Feb 27, 2006  
Secretary of State

**Entity Name:** SPARKLE AND SHINE MOBILE AUTO SPA, INC.

**Current Principal Place of Business:**

8850 NORTHWEST 77TH AVENUE  
NUMBER 142  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 590341  
FORT LAUDERDALE, FL 333590341

**New Mailing Address:**

**FEI Number:** 20-2475139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LONG, KADIRA  
Address: 8850 NORTHWEST 77TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

Title: VTD ( ) Delete  
Name: LEUFRAJ, JOHN  
Address: 8850 NORTHWEST 77TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: LONG, RAUDAUN  
Address: 8850 NORTHWEST 77TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KADIRA LONG

PD

02/27/2006

Electronic Signature of Signing Officer or Director

Date