2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000125624

1. Entity Name

EXPRESS CAR WASH SERVICES. INC



Principal Place of Business

15774 SW 147 LANE MIAMI, FL, MD 33196 Mailing Address

15774 SW 147 LANE MIAMI, FL, MD 33196

FILED Apr 02, 2007 08:00 AM Secretary of State



03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3463461

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, JOSE F JR 15774 SW 147 LANE MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

	ne above named entity submits this statement for the p e obligations of registered agent.	ourpose of changing its registe	red office or registered agent, or both, i	n the State of Horida. I am familiar with, and accep
SIGI	IATURE	Jacobranta (NOTE-Parieta	red Agent signature required when reinstating)	DATE
	Signature typed or printed rating or registered again and the	applicable (NOTE, Hogister	eo Agent signatora required when remaining)	150.12

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees 04/10/07-80017-016 150.00

OFFICERS AND DIRECTORS 10. 11111 CAPOTE, JOSE F JR NAME STREET ADDRESS 15774 SW 147 LANE MIAMI, FL 33196 CITY-ST-7IP ITTLE MAME STREET ADDRESS City S1-ZIP Date NAME STREET ADDRESS CHY ST ZIP HILL NAME STREET ADDRESS CHY ST ZIP TOLE NAMI STREET ADDRESS CITY ST-ZIP NAME STREET ADDRESS CITY ST ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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 and officer or the receiver or trustee empowered.

SIGNATURE

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07

Daylime Phone #