

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 015 ***158.75

DOCUMENT # P05000140976 1. Entity Name RH CARWASH, INC.			
Principal Place of Business 14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI, FL 33176		Mailing Address 14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 14598 CARVER DRIVE		3. Mailing Address P.O. Box 163434	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33176		Zip 33176	
Country USA		Country USA	
4. FEI Number 20-3649913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, JOHN A 11111 PINKSTON DR. MIAMI, FL 33176		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	<input type="checkbox"/> Delete NAME FERGUSON, JOHN A STREET ADDRESS 11111 PINKSTON DR. CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE VPT	<input type="checkbox"/> Delete NAME FRIERSON, WALTER STREET ADDRESS 11500 SW 139 TERRACE CITY-ST-ZIP MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE S	<input type="checkbox"/> Delete NAME BLAKELY, CHARLES STREET ADDRESS 14901 FILLMORE ST CITY-ST-ZIP MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE T	<input type="checkbox"/> Delete NAME GRAY, CHARLES STREET ADDRESS 14000 MONROE ST CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
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: <u>Charles E. Blakely</u> / CHARLES E. Blakely		Date 4/25/08	Daytime Phone # 305-232-6611