

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90210 031 \*\*\*150.00

**DOCUMENT # P06000022905**

1. Entity Name  
**UNIQUE TOUCH AUTO DETAILING, INC**



Principal Place of Business  
**2703 KNOLLWOOD TRAIL  
EUSTIS, FL 32726**

Mailing Address  
**2703 KNOLLWOOD TRAIL  
EUSTIS, FL 32726**

2. Principal Place of Business - No P.O. Box #  
**358 CHERRY TREE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**358 CHERRY TREE ST**  
Suite, Apt. #, etc.



01152007 Chg-P CR2E034 (12/06)

City & State  
**EUSTIS FL**  
Zip  
**32726** Country

City & State  
**EUSTIS FL**  
Zip  
**32726** Country

4. FEI Number  
**42-1693118** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AYALA, CHRISTOPHER  
2703 KNOLLWOOD TRAIL  
EUSTIS, FL 32726**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**358 CHERRY TREE ST**  
City **EUSTIS** FL Zip Code **32726**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **AYALA, CHRISTOPHER**  
STREET ADDRESS **2703 KNOLLWOOD TRAIL**  
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **V** ☐ Delete  
NAME **AYALA, ANN**  
STREET ADDRESS **2703 KNOLLWOOD TRAIL**  
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **358 CHERRY TREE ST**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **358, CHERRY TREE ST**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X** *Ayala*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/2007**  
Date

**(352) 357-0564**  
Daytime Phone #