
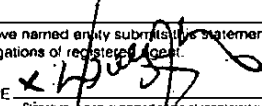
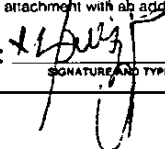


FILED
Jun 06, 2007 8:00 am
Secretary of State

05-02-2007 90100 021 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000043402			
1. Entity Name MILLER EXXON CAR WASH, INC.			
Principal Place of Business 13960 SW 56TH STREET MIAMI, FL 33175		Mailing Address 13960 SW 56TH STREET MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01102007 Chg-P CR2E034 (12/06)	
		4. FEI Number 26-0277509	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORES, ANIURKA 330 NW 135TH AVENUE MIAMI, FL 33182		Name Roberto PEREZ Street Address (P.O. Box Number is Not Acceptable) 330 N.W. 135th AVENUE City MIAMI FL Zip Code 33182	
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 01/10/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PD LUZARDO, AMAURY M 330 NW 135TH AVENUE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Roberto PEREZ 330 N.W. 135th AVENUE MIAMI FL 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLORES, ANIURKA 330 NW 135TH AVENUE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Roberto PEREZ 01/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	