

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90431 046 \*\*\*150.00

DOCUMENT # P94000017412

1. Entity Name  
GORT'S CAR WASH, INC.

MEZZANINE

550 BILTMORE

CORAL GABLES, FLORIDA 33136

Principal Place of Business ADDRESS

6850 SW 8TH ST OFFICE BOX 557243  
MIAMI, FL 33144 FLORIDA 33255-7243

Mailing Address

6850 SW 8TH ST  
MIAMI, FL 33144

TELEPHONE (305) 461-9931  
TELECOPIER (305) 461-9918  
e-mail: cmsaccts@aol.com



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0473167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORT, ZOILA  
6850 SW 8TH ST  
MIAMI, FL 33144

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTDS  
NAME GORT, ZOILA  
STREET ADDRESS 1809 BRICKELL AVE APT #611  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VP  
NAME GORT, ANA MARIA  
STREET ADDRESS 1809 BRICKELL AVE APT #611  
CITY-ST-ZIP MIAMI, FL 33129

TITLE D  
NAME GORT, CESAR  
STREET ADDRESS 1809 BRICKELL AVE APT #611  
CITY-ST-ZIP MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Zoila Gort*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #