

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000017412

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



FILED

07 AUG -8 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6850 SW 8TH ST  
MIAMI, FL 33144

Mailing Address  
6850 SW 8TH ST  
MIAMI, FL 33144



07192007 Chg-P CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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 1.1

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900108204229  
CITY-ST-ZIP 08/17/07--01004--011 \*\*70.00

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

TITLE D ☐ Change ☒ Addition  
NAME Perez, Leopoldo  
STREET ADDRESS 6850 SW 8th St  
CITY-ST-ZIP Miami, Florida 33144

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:

Zoila Gort

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2007

Date

Daytime Phone #