

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|   |                                    |   |   |   |  |
|---|------------------------------------|---|---|---|--|
| <b>DOCUMENT # P95000078481</b><br>1. Entity Name<br><b>A-GREEN BEE CAR WASH, INC.</b>   |                                    |   |   |   |  |
| Principal Place of Business<br><b>5502 WEST 16TH AVENUE<br/>HIALEAH, FL 33012</b>   |                                    |   | Mailing Address<br><b>5502 WEST 16TH AVENUE<br/>HIALEAH, FL 33012</b> |   |  |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                                    | City & State  |   |   |  |
| Zip   | Country                            | Zip   | Country   | 4. FEI Number<br><b>65-0613442</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                    |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent   |                                    |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| <b>ABAD, JORGE</b><br><b>5502 WEST 16TH AVENUE</b><br><b>HIALEAH, FL 33012</b>  |                                    |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                    |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |   |  |
| TITLE   | VD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| NAME  | ABAD, JORGE                        | NAME  | U000000326658   |   |  |
| STREET ADDRESS  | 15549 MIAMI LAKEWAY N APT 305      | STREET ADDRESS  | 04/25/05-80006-019 150.00   |   |  |
| CITY-ST-ZIP   | MIAMI LAKES, FL 33014              | CITY-ST-ZIP   |   |   |  |
| TITLE   | PD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| NAME  | SEPUT, OLGA A                      | NAME  |   |   |  |
| STREET ADDRESS  | 15549 MIAMI LAKEWAY N APT 305      | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   | MIAMI LAKES, FL 33014              | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |   |  |
| NAME  |                                    | NAME  |   |   |  |
| STREET ADDRESS  |                                    | STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                                    |   |   |   |  |
| <b>SIGNATURE: Jesus Jorge Abad</b> <span style="float: right;">04-20-05 305-827-9167</span>   |                                    |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                    |   |   |   |  |