2005 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

Processal Proce of Business 95 St. IDRI MPBIE BAY A Walking Activess 95 St. IDRI MPBIE BAY A WALKINGLE, BAY A WALKINGLE, BAY S. Suite. Apr. #. etc. Suite. Apr. #. etc. Suite. Apr. #. etc. City & State City & State A. FEI Namber Application Application Application Fig. Process City & State City & State City & State A. FEI Namber Application Application Fig. Process Application Fig. Process Name MARTINEZ, REYNALDO Sel SWI DAYE MALANDALE, FL 33008 Street Application of implication of i	t. Entity Name	MENT # F900003 BALE AUTO CARE, INC.	9 271			04-14-2005	90100 00)6 ***15	50.00	
MALAMOALE, FL. 33009 MALLAMOALE, FL. 33009 MALLAMOALE, FL. 33009 Mallamp Address Suite. Apr. # etc. Suite. Apr. #, etc. Octobry Suite. Apr. #, etc. Applied Fro. Sc. Carlisce of Siman Desired Ma. Fel Number Suite. Apr. #, etc. Sc. Carlisce of Siman Desired Ma. Registrated April Name Address of Country Suite. Apr. #, etc. Applied Fro. Sc. Carlisce of Siman Desired Suite. Apr. #, etc. Applied Fro. Sc. Carlisce of Siman Desired Suite. Apr. #, etc. Applied Fro. Sc. Carlisce of Siman Desired Suite. Applied Fro. Sc. Carlisce of Siman Desired Applied Fro. Ap	· · · · · · · · · · · · · · · · · · ·				7					
Suite. Apt. # etc. Suite. Apt. # etc. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi										
City & Saire	2. Principal Pl	lace of Business	3. Mailing Address							
Exp. Country Zip Country 8. Country 8. Country 8. Country 8. Country 8. Country 9. Set Applicable 9. S	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034	i (10/03)		
E. Name and Address of Current Registered Agent ARTINEZ, REYNALDO Ses SW 10 AVE HALLANDALE, FL 33009 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both, in the State of Proids. I turn familiar with, and eccept the obligators of registered agent, or both,	City & State		City & State		1 -	1 -			<u> </u>	
MARTINEZ, REYNALDO SS SW 10 AVE HALLANDALE, FL 33009 City City FL City FL Zip Code City City FL Zip Code City City City FL Zip Code City Ci	Zip	Zip Country Zip		Country	5. Certificate of Status Desired		S8.75 Additional Fee Required			
Street Address (P O Box Number is Not Acceptable) 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 lamitate with, and accept the obligators of registering agent, or both, in the State of Florida. I am lamitate with, and accept the obligators of registering agent. SIGNATURE FILE BOOSTIT FEE is \$150.00 After Bay 1, 2005 Fee will be \$550.00 After Bay 1, 2005 Fee will be \$550.00 ARTHURST CONTINUES. OFFICERS AND DIFFECTORS II. 10. OFFICERS AND DIFFECTORS III. Multiple MARTHNEZ, REYNALDO SIREH ADDRESS OR SIN 10 AVE BAY A ORTH-SI-79 INTE WAS TIME CONTINUES. ORTH-SI-79 WESTON, FL 33328 ORTH-SI-79 INTE WAS SIREH ADDRESS ORTH-SI	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Street Accrease (P.O. Box Number is Not Acceptable) File Notice of registered entity submis shis 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 not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept not obligation of registered agent, or both, in the State of Florida. [10] [10] [10] [11] [12] [13] [13] [13] [13] [14] [15] [15] [15] [16] [16] [16] [17] [1		,		Name			-		}	
Enter above named entity submis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State Part	99 SW 10 /	AVE		Street Addres	s (P.O. Box Numbe	r is Not Acceptable)			
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. Lem lightlight with, and accept the obligations of registered agent. SIGNATURE STORY S	MALDANU	MLE, FL 33008			-		<u></u>	•		
SIGNATURE STELLE NORTH: FEE; is \$150.00 S. Election Compage Financing PSTD Added to Fines Added		•	City			FL	Zip Code	}		
AROUTEDLY 1, 2003 Fee will be \$59,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD	the obligati	ions of registered agent.				n, in the State of Fio				
TITLE NAME STREET AUDRES CITY-ST-7P TITLE NAME STREET AUDRES CITY-ST-7P TITLE NAME STREET AUDRES CITY-ST-7P TITLE NAME STREET AUDRESS CITY-ST-7P TITLE NAME STR	FIL.	ny 1, 2005 Fee will be \$550	LOG Trust Fund Cor		dded to Fees					
MARTINEZ, REYNALOO 99 SW 10 AVE BAY A HALLANDALE, FL 33009 V MARTINEZ, CARIDAD C 2064 WINDWARD CIRCLE WESTON, FL 33328 CITY-ST-ZP HILE NAME SIREFI ADDRESS CITY-ST-ZP				· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES TO OFF				
STREET ADDRESS CITY-ST-7P HALLANDALE, FL 33009 TITLE MARTINEZ, CARIDAD C STREET ADDRESS CITY-ST-2P HILE MARE STREET ADDRESS CITY-ST-2P HILE STRE	· · · · - ·	· '	L.J Delete					Change		
CITY-ST-7P		·		•						
MARTINEZ, CARIDAD C 2064 WINDWARD CIRCLE VIESTON, FL 33328 ITHE MAME STREET ADDRESS CITY-ST-ZP WESTON, FL 33328 ITHE MAME STREET ADDRESS CITY-ST-ZP										
STREET ADDRESS CITY-ST-ZIP HTLE MAKE STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS CITY-ST-ZIP	THTLE	V	Dispelete	THE				☐ Change	Addition	
CITY-ST-ZIP HTLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP										
HILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP		WESTON, FL 33326						C Connet	- Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			L.J Delete	- I				Tr cuardo		
TITLE										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE LADDRESS CITY-ST-ZIP TITLE LADDRESS LADDRESS CITY-ST-ZIP TITLE LADDRESS LAD	CITY-SI-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete ITTLE VAME	TITLE		☐ Delete	TITLE				☐ Change	Accision	
CITY-ST-ZIP										
TITLE										
MAME		<u> </u>						Ctyange	☐ Addition	
CITY-ST-ZIP			C Centre							
TITLE	STREET ADDRESS			STREET ADDRESS						
MAME . STREET ADDRESS . CTY-SI-2P . GITY-SI-2P	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-SI-ZP STREET ADDRESS CITY-SI-ZP	1		Delete	4.				Crange	Addition	
CTY-SI-2P CTY-SI-2IP	1	İ								
	i '									
12. Thereby certify that the information supplied with this hint does not qualify for the exemption stated in Section 119.07(3)(1). Horida Statutes, Thirde Certify that the information		certify that the information supplied w	vith this filing does not qualify	for the exemption stated in	Section 119.07(3)	i), Florida Statules.	1 further certi	fy that the i	nformation	