


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90166 024 \*\*\*150.00

**DOCUMENT # P96000082390**

1. Entity Name  
**AVENTURA FINEST CARWASH AND SERVICE, INC.**



Principal Place of Business  
**2890 NE 187TH ST**  
**AVENTURA, FL 33180 US**

Mailing Address  
**2890 NE 187TH ST**  
**AVENTURA, FL 33180 US**

**54052977**



2. Principal Place of Business  
**10651 NE 294th Ave**

3. Mailing Address  
**10651 NE 294th Ave**

Suite, Apt. #, etc.  
**106**

04292004 Chg-P CR2E034 (10/03)

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip  
**33180** Country

4. FEI Number  
**65-0731292**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**FREILE, GUILLERMO**  
**2890 NE 187TH STREET**  
**AVENTURA, FL 33180**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**FREILE, GUILLERMO**

Street Address (P.O. Box Number is Not Acceptable)  
**10651 NE 294th Ave**

**STE 106**

City **AVENTURA** FL Zip Code **33180**

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]* **Guillermo Freile** *[Signature]* **4/2/04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREILE, GUILLERMO 20815 NE 31 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREILE, MARIA 20815 NE 31 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENHAMON, FRANCE 165 GOLDEN BEACH DR. GOLDEN BEACH, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENHAMON, FRANCE 2600 Williams Island Blvd #1506 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Guillermo Freile** *[Signature]* **4/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #