


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
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54052977


2. Principal Place of Business 10851 NE 294th Ave	3. Mailing Address 10851 NE 294th Ave
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106
City & State Aventura, FL	City & State Aventura, FL
Zip 33180	Country US



04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FREILE, GUILLERMO 2890 NE 187TH STREET AVENTURA, FL 33180	7. Name and Address of New Registered Agent FREILE, GUILLERMO 10851 NE 294th Ave STE 106 City Aventura FL Zip Code 33180
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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  **Guillermo Freile** 
Signature, type 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREILE, GUILLERMO		NAME BRODA, LAURENT	
STREET ADDRESS 20815 NE 31 PLACE		STREET ADDRESS 2600 Williams Island Blvd #4506	
CITY-ST-ZIP AVENTURA, FL 33180		CITY-ST-ZIP Aventura, FL 33180	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREILE, MARIA		NAME	
STREET ADDRESS 20815 NE 31 PLACE		STREET ADDRESS	
CITY-ST-ZIP AVENTURA, FL 33180		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENHAMON, FRANCE		NAME	
STREET ADDRESS 165 GOLDEN BEACH DR.		STREET ADDRESS	
CITY-ST-ZIP GOLDEN BEACH, FL 33160		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)(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:  **Guillermo Freile** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #