2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9700002186 1. Entity Name HECTOR CAR WASH INC								Feb 28, 2004 08:00 AM Secretary of State
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailir	ng Adidress		}	\dashv	
14901 EGA		•	4901 EGAN LANE			- 1		
				MI LAKES FL 330	14			
								\$ (\$\$\$)\$\$\$! (\$\$\$ \$\\$\) (\$\$\) \$\) \$\$\) \$\$\) \$\$\) \$\\ \ \
2. Principal Place of Business 3				3. Mailing Address				
·								\$ \$\$.\$\$\$\$ \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Suite, Apt #, etc			Sur	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State			Cit	City & State				4. FEI Number Applied For
ON COLOR								65-0722655 Not Applicable
Zip Country		Country	Zip (Cour	ountry		5. Certificate of Status Desired 38.75 Additional
6 Name and Address of Current			ant Dominion	ad \$t	1		Fee Required	
Name and Address of Current Registered Agent						Name		7. Name and Address of New Registered Agent
GARCIA, HECTOR						Ctopps & didden	(O	0.0.0
14901 EGAN LANE MIAMI LAKES FL 33014						Street Addre	ess (P.	P.O. Box Number is Not Acceptable)
MIAMI LAKES FL 33014								
						City		FL Zip Code
8 The ahove	named entiti	enhmite this statemen	ot for the nur	nose of changing its	renister	ed office or rea	nictoro	ed agent, or both, in the State of Florida. I am familiar with, and accept
	tions of regist		in for the purp	hase a cuending us	, ເອຊີເວເຣເ	ed onice or reg	Alere e	ed agent, or bont, wrote state or honda. I am familial with, and accept
DIONATURE								
SIGNATURE.	Signature, type#	or printed name of registered a	igent and title if ap	plicable (NOT	E. Registere	d Agent signature re	equired w	when reinstating) DATE
FILE NOW!!! FEE IS \$150.00								
i e	-	14 Fee will be \$550.						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
	k Payable to	Florida Departmer						
10. TITLE	PST	OFFICERS A	IND DIRECT	Delete	11. BR			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition
NAME	GARCIA, HECTOR			T Daysia	NAM	į.		Change C Abounds
STREET ADDRESS					- 1	EET AODRESS		
CiTY - ST- ZiP	MIAMI LAKES FL 33014					-SI-ZIP		######################################
TITLE NAME				☐ Delete	E E		U00000071642	
STREET ADDRESS 14901 EGAN LANE						ET ADDRESS		
- CXTY - ST - ZIP	MIAMI LAKES FL 33014			C		-ST-ZIP		
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NAME STREET ADDRESS					NAM STRI	EET ADDRESS		
CITY-ST-ZIP						-ST-ZIP		
TITLE				☐ Detete	SHE	E		☐ Change ☐ Addition
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TITLE	 	·····		☐ Delete	3178			☐ Change ☐ Addition
NAME					NAM	- {		creatign
STREET ADDRESS					1	EET ADDRESS		
CITY-ST-ZIP	 					-SI-ZIP	·	
TITLE NAME				Delete	TITE. NAM	1		☐ Change ☐ Addition
STREET ADDRESS						EET 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. HECOTR GARCIA-President 02-10-04 305 828-0100 SIGNATURE:								
AVIDIC	ONE: _	SIGNATURE AND TYPED	OR PRINTED N	ME OF SIGNING OFFICER	OR DIREC	TOR		Date Davime Phone #

FILED