

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90001 036 ***150.00

DOCUMENT # P97000021211

1. Entity Name
CAR CARE AUTO DETAILING, INC.



Principal Place of Business

**260 N BRIDGE STREET
LA BELLE, FL 33935**

Mailing Address

**260 N BRIDGE STREET
LA BELLE, FL 33935**

54059556



06212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0750670

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOPEZ, HECTOR JAIME
260 N BRIDGE STREET
LA BELLE, FL 33935**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**S
LOPEZ, MATILDE
260 N BRIDGE STREET
LA BELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOPEZ, HECTOR
260 N BRIDGE STREET
LA BELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Attachment

54059556

CAR CARE AUTO DETAILING INC.
260 N BRIDGE STREET
LA BELLE, FL. 33935
TEL 863-674-1787

Miami Florida

June 21st 2004

~~Florida Department of State~~
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report

Corporate # P97000021211

CAR CARE AUTO DETAILING INC.

Dear Sir;

Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # 2147 for the amount of \$150.00, to paid the above Annual fee and for year 2004..

Please accept this payment, because we do not received any documentation for the annual report in this year from the State of Florida Division of Corporation.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

CAR CARE AUTO DETAILING INC.


HECTOR LOPEZ
President.