

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90192 033 ***150.00

DOCUMENT # P97000048992		
1. Entity Name AL'S MOBILE CAR CARE, INC.		

Principal Place of Business 15800 NW 39TH PL OPA LOCKA, FL 33054	Mailing Address 15800 NW 39TH PL OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0759118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSKIN, ALVIN 15802 NE 39TH PL OPA LOCKA, FL 33054

**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.

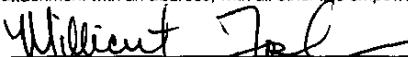
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM FOSKIN, ALVIN 15800 NW 39TH PL OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOSKIN, MILICENT 15800 NW 39TH PL OPA LOCKA, FL 33054
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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

Daytime Phone #