

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048992

Entity Name: AL'S MOBILE CAR CARE, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

15800 NW 39TH PL
OPA LOCKA, FL 33054

New Principal Place of Business:

390 NE 125TH ST
APT #203
MIAMI, FL 33161

Current Mailing Address:

15800 NW 39TH PL
OPA LOCKA, FL 33054

New Mailing Address:

390 NE 125TH ST
APT #203
MIAMI, FL 33161

FEI Number: 65-0759118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSKIN, ALVIN
15802 NE 39TH PL
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

FOSKIN, ALVIN
390 NE 125TH ST
APT #203
MIAMI, FL 33161 US

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.

SIGNATURE: ALVIN FOSKIN

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: FOSKIN, ALVIN
Address: 15800 NW 39TH PL
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: FOSKIN, MILLICENT
Address: 15800 NW 39TH PL
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PM (X) Change () Addition
Name: FOSKIN, ALVIN
Address: 390 NE 125TH ST APT 203
City-St-Zip: MIAMI, FL 33161

Title: S (X) Change () Addition
Name: FOSKIN, MILLICENT
Address: 390 NE 125TH ST APT 203
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN FOSKIN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date