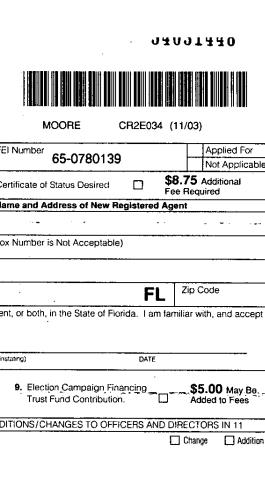
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # P97000071716** 1. Entity Name FRANK'S CAR WASH, INC.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90648 003 ***150.00



				<u> </u>					
Principal Place of Business		Mailing Address							
5939 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		5939 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				. U41	09T#	40	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
City & State		City & State		4.	4. FEI Number 65-0780139			plied For	
Zip	Country	Zip	Country	I 5. Certificate of Status Desired I I ΨΨ			8.75 Add	litional	
	6. Name and Address of Curre	nt Registered Agent	it		7. Name and Address of New Registered Agent				
The state of the s			Name						
593	NVERTINO, FRANK 9 HOLLYWOOD BLVD.		Street A	Street Address (P.O. Box Number is Not Acceptable)					
HOL	LYWOOD FL 33020								
			City			FL	Zip Code		
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fin Trust Fund Contribution	ancing	\$5.0 Added	O May Be	
10.	OFFICERS AN	ID DIRECTORS	11.	AD	DDITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	S IN 11	
TITLE	D	Delete	TITLE			[Change	☐ Addition	
NAME	CONVERTINO, FRANK		NAME						
STREET ADDRESS CITY-ST-ZIP	5939 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		STREET ADDRESS CITY-ST-ZIP						
TITLE	FIGEET WOOD I E 33020								
NAME		☐ Delete	TITLE NAME			L	☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP						
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition	
NAME			NAME				•		
STREET ADDRESS			STREET ADDRESS		•				
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					

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:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #