

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 042 ***150.00

DOCUMENT # P98000035041

1. Entity Name
CAR CARE CENTER, INC.



Principal Place of Business
**15425 MEADOWWOOD DRIVE
WELLINGTON, FL 33414**

Mailing Address
**15425 MEADOWWOOD DRIVE
WELLINGTON, FL 33414**

44049859



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0830942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH K PA
3284 N STATE RD 7
LAUDERDALE LAKES, FL 33319**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
ULLOA, JUAN CARLOS
15425 MEADOWWOOD DRIVE
WELLINGTON, FL 33414**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

44049859

CAR CARE CENTER, INC.
15425 MEADOW WOOD DR.
WELLINGTON, FL 33414
(786) 487-1818

July 13th, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Re: **P98000035041**

Dear Officer:

Please be advised that we did not received the renewal notice for 2004. We are now submitting the UBR 2004, along with a check for \$150 due in order to renew the corporation for this year. Please waive all the penalties due to the fact that we did not receive the renewal notice, and update your files accordingly.

Please contact us if you need any additional information.

Sincerely,

Juan Carlos Ulloa

Juan Carlos Ulloa
President