

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90011 022 ***150.00

DOCUMENT # P98000038103

1. Entity Name
BEVERLY HILLS CLASSIC CAR WASH, INC.



Principal Place of Business
3874 N LECANTO HWY(491)
BEVERLY HILLS, FL 34465

Mailing Address
3874 N LECANTO HWY(491)
BEVERLY HILLS, FL 34465



2. Principal Place of Business
Beverly Hills
4200 W. PINE RIDGE BLVD. WILLY, FL

3. Mailing Address
4200 W. PINE RIDGE BLVD.

07062004 Chg-P CR2E034 (10/03)

City & State
Beverly Hills

City & State
Beverly Hills

4. FEI Number
59-3518293

Applied For
Not Applicable

Zip
FL

Country
Citizens U.S.A.

Zip
34465

Country

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

6. Name and Address of Current Registered Agent

RITROVATO, RITA M
4200 W. PINE RIDGE BLVD.
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name
Paul G. Ritrovato
Street Address (P.O. Box Number is Not Acceptable)
4200 W. PINE RIDGE BLVD.
City
Beverly Hills FL Zip Code
34465

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: *Paul G. Ritrovato Paul G. Ritrovato* 7-9-04
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
PTSD
RITROVATO, PAUL G
4200 W PINE RIDGE BLVD
BEVERLY HILLS, FL 34465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Paul G. Ritrovato Paul G. Ritrovato President* 7-9-04 (352)527-0964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #