

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000004535

1. Entity Name
PREMIUM AUTO DETAILERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

Principal Place of Business
407 NE 107TH ST
MIAMI, FL 33161 US

Mailing Address
407 NE 107TH ST
MIAMI, FL 33161 US

| | |
|---|--|
| 2. Principal Place of Business 1300 SW 130 Ave | 3. Mailing Address 1300 SW 130 Ave. |
| Suite, Apt. #, etc. F 409 | Suite, Apt. #, etc. F 409 |
| City & State Pembroke Pines, FL | City & State Pembroke Pines, FL |
| Zip 33027 | Country US |



07262004 Chg-P CR2E034 (10/03) *M RD*

4. FEI Number
65-0887013

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, INC.
13935 NW 1ST AVENUE
MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **FL**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, EDWARD 407 NE 107TH STREET MIAMI SHORES, FL 33161 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 0000041781330 10/11/04--01054--005 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Edward Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #