2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2008 8:00 am Secretary of State **DOCUMENT # P99000067071** 05-01-2008 90251 003 ***150.00 1. Entity Name FINURA CAR WASH, INC. Principal Place of Business Mailing Address 250 GIRALDA 7600 RED ROAD CORAL GABLES, FL 33134 SUITE 300 SOUTH MIAMI, FL 33143 2. Principal Place of Business No. P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04012008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 65-1147356 Country Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent arbano/910 NUNEZ, ALEJANDRO O. Box Number is Not Acceptable) 7600 RED ROAD SUITE 300 SOUTH MIAMI, FL 33143 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. alconto unes. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RESTREPO, HERNANDO NAME NAME STREET ADDRESS 250 GIRALDA AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE . | Change ☐ Addition ACEVEDO OCHOA, SARA INES NAME NAME STREET ADDRESS 250 GIRALDA AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TOTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 emported 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.

FILED

Daytime Phone #