

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000077338

1. Entity Name
LA GATA CAR WASH CORPORATION



Principal Place of Business

**1161 NW 36 ST
MIAMI, FL 33127**

Mailing Address

**305 NW 136 CT
MIAMI, FL 33182**

FILED
05 MAY -3 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 No Chg-P CR2E034 (10/03) **05**

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3606803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAO, BIENVENIDO
305 N.W. 136 CT.
MIAMI, FL 33182**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

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	PD CHAO, BIENVENIDO 305 N.W. 136 CT. MIAMI, FL 33182
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500054671425
05/17/05--01028--009 **900.00

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #