FILED

2002 Uniform Business Report (UBR)

of the corporation or the receiver or trustee empower

changed, or on an attachment with

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # V27010 1. Entity Name ONE STOP AUTO DETAIL, INC. 04-02-2002 90934 010 ***158.75 Principal Place of Business Mailing Address 555 E. 25TH STREET. STE. 111 555 E. 25TH STREET. STE. 111 HIALEAH FL 33013-3839 HIALEAH FL 33013-3839 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0326448 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAITAN, JAVIER Street Address (P.O. Box Number is Not Acceptable) 555 E. 25TH STREET, STE. 111 HIALEAH FL 33013-3839 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP (9/01) TITLE ☐ Delete TITLE ☐ Addition Change GAITAN, JAVIER NAME NAME STREET ADDRESS 555 E. 25TH STREET, STE. 111 STREET ADDRESS HIALEAH FL 33013-3839 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition [:] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director so execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true

GAITAN

1-23-02