


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90438 016 \*\*\*150.00

DOCUMENT # P04000003279  
1. Entity Name  
F1 CAR DETAILING CORP.



Principal Place of Business: 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351  
Mailing Address: 10125 W OAKLAND PARK BLVD. #394 SUNRISE, FL 33351

2. Principal Place of Business: 3125 NE 184 st  
Suite, Apt. #, etc.: # 1104  
City & State: AVENTURA FL  
Zip: [blank] Country: USA

3. Mailing Address: 3125 NE 184 st  
Suite, Apt. #, etc.: # 1104  
City & State: AVENTURA FL  
Zip: [blank] Country: [blank]



03082005 Chg-P CR2E034 (10/03)

4. FEI Number: 75-3142005 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: PALMIOTTO, FRANCO, 10125 W OAKLAND PARK BLVD. #394, SUNRISE, FL 33351

7. Name and Address of New Registered Agent: Name: Palmiotto Franco, Street Address: 3125 NE 184 st # 1104, City: AVENTURA, FL, Zip Code: 33160.

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: X (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: PALMIOTTO, FRANCO STREET ADDRESS: 10125 W OAKLAND PARK BLVD. #394 CITY-ST-ZIP: SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE: PSD NAME: Palmiotto Franco STREET ADDRESS: 3125 NE 184 st # 1104 CITY-ST-ZIP: AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> Delete	TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<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: [Signature] DATE: 3/14/05 DAYTIME PHONE #: 9543261601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_