


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90011 048 ***150.00

DOCUMENT # P04000003279			
1. Entity Name F1 CAR DETAILING CORP.			
Principal Place of Business 3125 NE 184 STREET SUITE 1104 AVENTURA, FL		Mailing Address 3125 NE 184 STREET SUITE 1104 AVENTURA, FL	
2. Principal Place of Business 3971 NW 90 way Suite, Apt. #, etc.		3. Mailing Address 3971 NW 90 way Suite, Apt. #, etc.	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33351		Zip 33351	
Country		Country	
6. Name and Address of Current Registered Agent PALMIOTTO, FRANCO 3125 NE 184 STREET SUITE 1104 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name <u>Palmiotto Franco</u> Street Address (P.O. Box Number is Not Acceptable) <u>3971 NW 90 way</u> City <u>Sunrise</u> FL Zip Code <u>33351</u>	
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 <u>Palmiotto</u>		DATE <u>3/8/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PALMIOTTO, FRANCO 3125 NE 184 STREET, SUITE 110 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Palmiotto Franco 3971 NW 90 way Sunrise FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Palmiotto</u>		Date <u>3/8/06</u> Daytime Phone # <u>954 3261602</u>	
Signature and typed or printed name of signing officer or director		Date	