
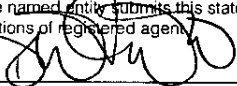
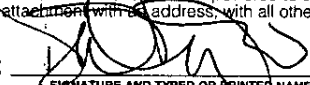


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 021 ***158.75

DOCUMENT # P03000140824			
1. Entity Name CART CLEAN SANITIZING SYSTEMS, INC.			
Principal Place of Business 18920 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 US		Mailing Address 18920 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 US	
2. Principal Place of Business 18851 NE 29TH AVE		3. Mailing Address 18851 NE 29TH AVE	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA	Zip 33180	Country USA
6. Name and Address of Current Registered Agent LOPROTO, DOLORES P 16431 NE 34TH AVE NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P LOPROTO, DOLORES 18920 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29TH AVE, SUITE 700 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ASYA MAZAYER 18851 NE 29TH AVE, SUITE 700 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" 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 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: 		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-15-04	(954) 274-3919

94073430



04142004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 Not Applicable

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