## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000072924

Entity Name: Y CLEAN INC

City-St-Zip:

KISSIMMEE, FL 34744 US

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	T LAKESHORE E, FL 34744	BLVD US			
Current Mailing Address:			New Mailing Address:		
PO BOX 4 KISSIMME	51354 E, FL 34745	US			
FEI Number:		FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
KISSIMME The above	T LAKESHORE E, FL 34744	US	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI					
SIGNATU		c Signature of Registered Age	ent .	 Date	
Election Car		Trust Fund Contribution ( ).		Daile .	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () FRIAS, YVETTE 1042 EAST LAKI KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	O (X) Change () Addition FRIAS, YVETTE 1042 EAST LAKESHORE BLVD KISSIMMEE, FL 34744 US	
Title: Name: Address: City-St-Zip:	VP (X) FRIAS, LIA 1042 EAST LAKI KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) FRIAS, MARIO 1042 EAST LAKI KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) FRIAS, BRIGET 1042 EAST LAKI KISSIMMEE, FL	ESHORE BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T (X) YAD VESTIS INC		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: YVETTE FRIAS O 04/29/2009