2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90045 042 ***150.00

DOCUMENT # K79764

1. Entity Name
AIROSO CLEANERS, INC.

Principal Place of Business	Mailing Address
1335 PORT ST LUCIE, FL 34986 US	1335 PORT ST LUCIE, FL 34986 US

07122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1335 B St Lucie West Blvd	1335 B St. Lucie West Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, Fl	City & State: Port St. Lucie, Fl
Zip: 34986 Country: U.S.	Zip: 34986 Country: U.S.

4. FEI Number: 65-0175338 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN B BOUILLON 1335 PORT ST LUCIE, FL 34986	Name: John B. Bouillon Street Address (P.O. Box Number is Not Acceptable) 1335 B St. Lucie West Blvd City: Port St. Lucie, Fl FL Zip Code: 34986

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
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD BELDING, CAROLINE 8027 PLANTATION LAKE DR PORT ST LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUILLON, SHIRLEY A. 8027 PLANTATION LAKES DR PORT ST LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BOUILLON, JOHN B 8027 PLANTATION LAKES DR PORT ST LUCIE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOUILLON, JOHN B JR 8027 PLANTATION LAKES DR. PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUILLON, THOMAS 8027 PLANTATION LAKES DR. PORT SAINT LUCIE, FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUILLON, WILLIWM C 8027 PLANTATION LAKES DR. PORT SAINT LUCIE, FL 34986	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Caroline Belding Caroline Belding (772) 461-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #