



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J64078</b> 1. Entity Name <b>SUPERPOWER CLEANING PRODUCTS, INC.</b>		
Principal Place of Business <b>8181 NORTHWEST 91ST TERRACE BAY 8-B MEDLEY, FL 33166</b>		Mailing Address <b>8181 NORTHWEST 91ST TERRACE BAY 8-B MEDLEY, FL 33166</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VILLAAMIL, ANTHONY 1611 SOUTHWEST 32ND AVENUE MIAMI, FL 33145</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VALDES, MIGUEL 12270 SW 94TH ST. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALDES, AMARI 12270 SW 94 ST MIAMI, FL	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 807, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-6-06 305 883 7546</b> <small>Date Daytime Phone #</small>



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2798109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000383228  
01/12/06-80044-016 150.00

**DO NOT WRITE  
IN THIS SPACE**