


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90109 022 ***150.00

DOCUMENT # K79764 1. Entity Name AIROSO CLEANERS, INC.					
Principal Place of Business 1335 B ST LUCIE WESTG BLVD PORT SAINT LUCIE, FL 34986 US			Mailing Address 1335 B ST LUCIE WESTG BLVD PORT SAINT LUCIE, FL 34986 US		
2. Principal Place of Business 2825 S. U.S. 1 Suite, Apt. #, etc.		3. Mailing Address 1335 B ST LUCIE WEST BLVD Suite, Apt. #, etc.			
City & State FT. PIERCE FL Zip 34982		City & State PORT ST LUCIE FL Zip 34986		4. FEI Number 65-0175338	
Country ST LUCIE		Country ST LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN B BOUILLON 1335 B ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
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	VSTD BELDING, CAROLINE 8027 PLANTATION LAKE DR PORT ST LUCIE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOUILLON ROBERT L 8027 PLANTATION LAKES DR PORT ST LUCIE FL 34986	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOUILLON, SHIRLEY A. 8027 PLANTATION LAKES DR PORT ST LUCIE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BOUILLON, JOHN B 8027 PLANTATION LAKES DR PORT ST LUCIE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOUILLON, JOHN B JR 8027 PLANTATION LAKES DR. PORT ST. LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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>John B. Bouillon</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-10-06 772-461-6086 Date Daytime Phone #		