## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 294961** 

Entity Name: KLEEN MASTER, INC.

FILED Nov 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1125 NE 125 ST. 1125 NE 125 ST.

#300 NORTH MIAMI, FL 33161 US

NORTH MIAMI, FL 33161 US

Current Mailing Address: New Mailing Address:

1125 NE 125 ST. 1125 NE 125 ST.

#300 NORTH MIAMI, FL 33161 US

NORTH MIAMI, FL 33161 US

FEI Number: 59-1109034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD #205 NORTH MIAMI, FL 33161 U

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic dignature of registered riger

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KRETZSCHMAR, TED
 Name:

 Address:
 1125 NE 125 ST. #300
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161 US
 City-St-Zip:

Title: ST (X) Delete Title: ( ) Change ( ) Addition

 Name:
 YAO, LIANNE K
 Name:

 Address:
 1125 NE 125 ST. #300
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161 US
 City-St-Zip:

Title: VP ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 GREENSPAN, MICHAEL
 Name:
 GREENSPAN, MICHAEL

 Address:
 1125 NE 125 ST
 Address:
 1125 NE 125 ST

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL GREENSPAN PSTD 11/22/2006