

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90015 023 ***150.00

DOCUMENT # 522941

1. Entity Name

CLEANLOOK CHEMICAL CORPORATION



Principal Place of Business

14950 NW 25 COURT
OPA LOCKA FL 33054

Mailing Address

14950 NW 25 COURT
OPA LOCKA FL 33054

2. Principal Place of Business

14939 NW 27th Ave
Suite, Apt. #, etc.

3. Mailing Address

14939 NW 27th Ave
Suite, Apt. #, etc.

City & State

Opa-Locka, FL
Zip Country
33054

City & State

Opa-Locka, FL
Zip Country
33054

4. FEI Number

59-1740504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARCELO
531 W. 39 STREET
HIALEAH FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2080 S. Ocean Drive Apt #611

City

Hallandale

FL

Zip Code

33009

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

Marcelo Rodriguez

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME RODRIGUEZ, MARIA ESTHER
STREET ADDRESS 2080 S. OCEAN DR., #611
CITY-ST-ZIP HALLANDALE FL 33009

TITLE S ☐ Delete
NAME RODRIGUEZ, ADRIAN
STREET ADDRESS 8033 NW 158 TERRACE
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE P ☐ Delete
NAME RODRIGUEZ, MARCELO
STREET ADDRESS 2080 SOUTH OCEAN DR., #611
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: X

Maria E. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria E. Rodriguez

Date

3/8/04

Daytime Phone #

305-687-1171