

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 522941**

1. Entity Name  
**CLEANLOOK CHEMICAL CORPORATION**



Principal Place of Business  
**14939 NW 27TH AVE  
OPA LOCKA, FL 33054**

Mailing Address  
**14939 NW 27TH AVE  
OPA LOCKA, FL 33054**



04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
2080 S OCEAN DRIVE  
APT # 611  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$850.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

04/25/07-80027-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	RODRIGUEZ, MARIA ESTHER
STREET ADDRESS	2080 S. OCEAN DR., #611
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	RODRIGUEZ, ADRIAN
STREET ADDRESS	8033 NW 158 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	P
NAME	RODRIGUEZ, MARCELO
STREET ADDRESS	2080 SOUTH OCEAN DR., #611
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-2007**

Date

Daytime Phone #