


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90035 021 ****50.00

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1. Entity Name
POWER KLEEN USA LLC



Principal Place of Business Mailing Address

**4871 FLAMINGO DR.
 ST. JAMES CITY FL 33956
 US**

**4871 FLAMINGO DR.
 ST. JAMES CITY FL 33956
 US**

2. Principal Place of Business 3. Mailing Address

4871 FLAMINGO DR **4871 FLAMINGO DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ST JAMES CITY FL **ST JAMES CITY**

Zip Country Zip Country

33956 **LEE** **33956** **LEE**



4. FEI Number Applied For

033-28-8059 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUBBO, PETER S
 4871 FLAMINGO DR
 ST. JAMES CITY FL 33956**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGR M Peter S. Rubbo 4871 FLAMINGO DR ST JAMES CITY FL 33956		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Peter S. Rubbo* Date 4/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #