


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000003662**

1. Entity Name  
**POWER KLEEN USA LLC**



Principal Place of Business <b>4871 FLAMINGO DR. ST. JAMES CITY, FL 33956 US</b>	Mailing Address <b>4871 FLAMINGO DR. ST. JAMES CITY, FL 33956 US</b>
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08112007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-3288059</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

U00000772428  
08/20/07-80003-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBBO, PETER S 4871 FLAMINGO DR SAINT JAMES CITY, FL 33956
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11. 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 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* **8/14/07** **239-283-7689**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #