


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90053 006 \*\*\*158.75

<b>DOCUMENT # P00000058974</b>	
1. Entity Name <b>JAT CLEANING, INC.</b>	

Principal Place of Business <b>123 CLIFTON RD PEMBROKE PINES, FL 33023</b>	Mailing Address <b>2701 N HIATUS RD SUITE 155 COOPER CITY, FL 33026</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2114 N. Flamingo Rd.</b> Suite, Apt. #, etc.
City & State	City & State <b>Pembroke Pines</b>
Zip <b>33028</b>	Country <b>Broward</b>



03102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1018823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BROWN, ANTHONY L 3251 SW 56TH AVENUE PEMBROKE PINES, FL 33023</b>	7. Name and Address of New Registered Agent Name <b>2114 N. Fl</b> Street Address (P.O. Box Number is Not Acceptable) <b>2114 N. Flamingo Road</b> <b>Pembroke Pines</b> City <b>FL</b> Zip Code <b>33028</b>
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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 *x Anthony L Brown* DATE **3-29-2005**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLARY, TERRY 5407 NW 18TH PLACE FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ANTHONY L 123 CLIFTON RD PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Anthony L Brown* Date **3/29/2005** Daytime Phone # **754-247-4603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR