


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 011 ***150.00

DOCUMENT # P01000005380			
1. Entity Name ROJAS CLEAN, INC.			
Principal Place of Business 901 SW 5 AVE, #2 MIAMI, FL 33130		Mailing Address 901 SW 5 AVE, #2 MIAMI, FL 33130	
2. Principal Place of Business 652 NW 35T #302		3. Mailing Address	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33128	Country US	Zip	Country
6. Name and Address of Current Registered Agent ROJAS, JORGE R 901 SW 5 AVE, #2 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name - ROJAS JORGE R Street Address (P.O. Box Number is Not Acceptable) 652 NW 35T #302 City MIAMI FL Zip Code 33128	
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: JORGE R. ROJAS y: J. P. Rojas 04/14/05 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROJAS, JORGE R 652 NW 3 ST # 302 MIAMI, FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROJAS JORGE R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 652 NW 3ST #302 MIAMI, FL 33128
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
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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: J. P. Rojas		04/14/05 (305) 558 9159	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1067845 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required