

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90037 042 ***150.00

DOCUMENT # P01000036826					
1. Entity Name CLEANMAX INC.					
Principal Place of Business 106 OAK RIDGE COURT SANFORD, FL 32771 US			Mailing Address 106 OAK RIDGE COURT SANFORD, FL 32771 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3717084	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAUNA, ANNAMARIA 825 QUAIL HOLLOW DR ORLANDO, FL 32825			PAUNA ANNAMARIA Street Address (P.O. Box Number is Not Acceptable) 106 OAKRIDGE CT. City SANFORD FL Zip Code 32771		
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 <i>Annamaria Pauna</i> ANNAMARIA PAUNA			3-31-04		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	P PAUNA, ANNAMARIA 825 QUAIL HOLLOW DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANNAMARIA, PAUNA 106 OAKRIDGE CT. SANFORD, FL 32773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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: <i>Annamaria Pauna</i> ANNAMARIA PAUNA 3-31-04 407-936-0454					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

440644JJ



03312004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3717084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAUNA, ANNAMARIA
825 QUAIL HOLLOW DR
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

PAUNA ANNAMARIA

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

106 OAKRIDGE CT.

City **SANFORD**

FL

Zip Code **32771**

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 *Annamaria Pauna* **ANNAMARIA PAUNA**

3-31-04

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P
PAUNA, ANNAMARIA
825 QUAIL HOLLOW DR
ORLANDO, FL 32825

☒ Delete

TITLE
P
ANNAMARIA, PAUNA
106 OAKRIDGE CT.
SANFORD, FL 32773

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE: *Annamaria Pauna* **ANNAMARIA PAUNA** **3-31-04** **407-936-0454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #