## **2004 FOR PROFIT CORPORATION**

## **FILED** Apr 30, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P01000051811 1. Entity Name CLEAN & CLEAR SERVICE CORP. Principal Place of Business Mailing Address 274 E. 20 STREET 274 E. 20 STREET HIALEAH, FL 33010 HIALEAH, FL 33010 03072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1108319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLEITES, ALINA DO NOT WRITE 274 E. 20 STREET HIALEAH, FL 33010 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000143962 04/30/04-80111-018 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FLEITES, ALINA NAM STREET ADDRESS 274 E. 20 STREET CITY-ST-ZIP HIALEAH, FL 33010 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR