

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061057

Entity Name: VERYCLEAN CORP.

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

1145 TURTLE CREEK BLVD
714
NAPLES, FL 34110

New Principal Place of Business:

New Mailing Address:

1145 TURTLE CREEK BLVD
714
NAPLES, FL 34110

Current Mailing Address:

PO BOX 1834
BONITA SPRINGS, FL 34133

FEI Number: 65-1121928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGO, IRIGO YEN
1145 TURTLE CREEK BLVD
APT # 714
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

DOMINGUEZ, ISABEL
1145 TURTLE CREEK BLVD
APT # 714
NAPLES, FL 34110 US

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.

SIGNATURE: ISABEL DOMINGUEZ

08/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: IRIGOYEN, DOMINGO
Address: 1145 TURTLE CREEK BLVD
City-St-Zip: NAPLES, FL 34110

Title: DV (X) Delete
Name: IRIGOYEN, YURIMA
Address: 1145 TURTLE CREEK BLVD
City-St-Zip: NAPLES, FL 34110

Title: ED (X) Delete
Name: ROCHA, ANTONIO D
Address: 1145 TURTLE CREEK BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOMINGUEZ, ISABEL
Address: 1145 TURTLE CREEK BLVD
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL DOMINGUEZ

PD

08/22/2007

Electronic Signature of Signing Officer or Director

Date