


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90080 026 \*\*\*150.00

<b>DOCUMENT # P01000108463</b>	
1. Entity Name <b>KAPITAL CLEANING, INC.</b>	

Principal Place of Business <b>2751 ROCK ISLAND RD APT 208 MARGATE, FL 33063</b>	Mailing Address <b>PO BOX 190701 FT LAUDERDALE, FL 33319</b>
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**50061575**

2. Principal Place of Business <b>12782 85th Rd N.</b>	3. Mailing Address <b>P.O. Box. 213224.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach</b>	City & State <b>Royal Palm Beach, FL</b>
Zip <b>33412</b>	Country <b>USA</b>



07282005 Chg-P CR2E034 (10/03)

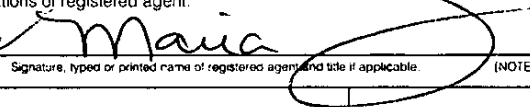
4. FEI Number <b>65-1155385</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TORRES, MARIA C S 2751 ROCK ISLAND RD APT 208 MARGATE, FL 33063</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE <b>PTS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DEL CARMEN TORRES, MARIA</b>	
STREET ADDRESS <b>2751 ROCK ISLAND RD</b>	
CITY-ST-ZIP <b>MARGATE, FL 33063</b>	
TITLE <b>PTS</b>	<input type="checkbox"/> Delete
NAME <b>Del Carmen Torres, Maria</b>	
STREET ADDRESS <b>12782 85th Road North</b>	
CITY-ST-ZIP <b>West Palm Beach FL 33412</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 	DATE	Daytime Phone #
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