


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-12-2004 90032 046 ***150.00

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DOCUMENT # P02000013259	
1. Entity Name CLEANER'S LEADER, INC.	

Principal Place of Business 1371 CROSSBILL COURT WESTON FL 33327	Mailing Address 1371 CROSSBILL COURT WESTON FL 33327
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2. Principal Place of Business 13808 SW 8ST	3. Mailing Address 13808 SW 8ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 04-3601511	Applied For <input type="checkbox"/> Not Applicable
Zip 33184	Country USA	Zip 33184	Country USA

6. Name and Address of Current Registered Agent MESA, MANUEL ARTHUR ESQ. 44 WEST FLAGLER STREET SUITE 1575 MIAMI FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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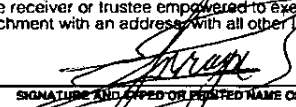
I, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **02/06/04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, EDUARDO 1371 CROSSBILL COURT WESTON FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO PEREZ 1368 CANARY ISLAND WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIAGA, EDUARDO 4371 CROSSHILL CT WESTON FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO ARRIAGA 1371 CROSSBILL CT WESTON FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, EDUARDO 1059 WATERSIDE CIR WESTON FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:  (DIRECTOR) **EDUARDO ARRIAGA** DATE **02/19/04** DAYTIME PHONE # **954-5920362**