2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Oct 01, 2004 8:00 am Secretary of State

1. Entity Name AMERICLEAN FRESH		10-01-200	04 90002 018	3 ***150.00			
Principal Place of Business 520 WOOLBRIGHT RD. BOYNTON BEACH, FL 33435		Mailing Address 2492 SOUTHRIDGE RD DELRAY BEACH, FL 33444				540738	130
2. Principal Place of Business	3.	3. Mailing Address 520 WOOLBRIGHT RD.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09282004	Chg-P	CR2E034 (10/	03)
City & Stale		BOYNTON BEACH FL		4. FEI Number 02-05721	85		Applied For Not Applicable
Zip Cou	intry	Zip 33435 C	ountry USA	5. Certificate of S	Status Desired	☐ \$8.75 Fee Re	Additional quired
6. Name and A	ddress of Current Rag	istered Agent	Name	7. Name and Ad	dress of New Reg	istered Agent	
DESRONVIL, ANDRÉ 2492 SOUTHRIDGE RD DELRAY BEACH, FL 334		Strect Cress (P.O. Box Number is Not Acceptable)					
	City BOYNT	City BOYNTON BEACH FL Zip Code 435					
8. The above named entity subn the obligations of registered a SIGNATURE		the cen	stered office or registe	ered agent, or both, i	n the State of Floric	9/28/200	
FILE NOW!!! FEI		9. Election Campaign Fi Trust Fund Contributi			n accordance witt orporation did no		
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICE		
NAME DESRONVIL, A STREET ADDRESS CITY-ST-ZIP DELRAY BEAC	DGE RD.	_ 50000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LO WOOLBRI YNTON BER	CHT RD.	Cha	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	I am go divorce	f never	receive	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP			TITLE NAME STREET ADDRESS CITY-SI-ZIP	my reque	ist to w	aire th	iddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	late hiling	s penalty		ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	prior not My reque late hiling Thank You Andre De	isronvil		ddition
changed, or on an attachme	ipplemental report is true	e and accurate and that my sk red to execute this report as all other like empowered	exemption stati gradure shall have the guired by Chapter of	s same legal effect as 37, Florida Statutes; a	it made under oat and that my name a	th; that I am an o appears in Block	fficer or director 10 or Block 11 if
SIGNATURE://N	NATURE AND TYPED OR PRINT	ED NAME OF SIGNING DEFICER OR DI	RECTOR	-/	Dyle	Daytime Phy	