02/18/2005 09:54 5618524606 LARRY J MAR

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Secretary of State

02-23-2005 90057 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000070337

1. Entity Name
CAMPUS SUDS ETC., INC.

40021566

Principal Place of Business
2798 NE 26TH TERRACE
BOCA RATON, FL 33431

Mailing Address
2798 NE 26TH TERRACE
BOCA RATON, FL 33431

02172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2300 FLORIDA BLVD		2300 FLORIDA BLVD	
Suite, Apt. #, etc. UNIT C		Suite, Apt. #, etc. UNIT C	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33483	Country	Zip 33483	Country

4. FEI Number 03-0473609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, MICHAEL C
2798 NE 26TH TERRACE
BOCA RATON, FL 33431-7544

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2300 FLORIDA BLVD UNIT C

City DELRAY BEACH FL Zip Code 33483

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________________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MARCUS, MICHAEL C STREET ADDRESS 2798 N.E. 26TH TERRACE CITY-ST-ZIP BOCA RATON, FL 334317544	☐ Delete	TITLE NAME STREET ADDRESS 2300 FLORIDA BLVD UNIT C CITY-ST-ZIP DELRAY BEACH FL 33483	☒ Change ☐ Addition
TITLE V NAME MAHARAJ, KRISH G STREET ADDRESS 2798 N.E. 26TH TERRACE CITY-ST-ZIP BOCA RATON,, FL 334317544	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X [signature] MICHAEL MARCUS 2.18.05 561-716-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #