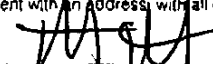


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90057 035 ***150.00

DOCUMENT # P02000070337			
1. Entity Name CAMPUS SUDS ETC., INC.			
Principal Place of Business 2798 NE 26TH TERRACE BOCA RATON, FL 33431		Mailing Address 2798 NE 26TH TERRACE BOCA RATON, FL 33431	
2. Principal Place of Business 2300 FLORIDA BLVD SUITE, APT. #, etc. UNIT C		3. Mailing Address 2300 FLORIDA BLVD SUITE, APT. #, etc. UNIT C	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33483		Zip 33483	
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 2300 FLORIDA BLVD UNIT C DELRAY BEACH FL 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 remaining.)			
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 NAME STREET ADDRESS CITY - ZIP	P MARCUS, MICHAEL C 2798 N.E. 26TH TERRACE BOCA RATON, FL 334317544 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2300 FLORIDA BLVD UNIT C DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY - ZIP	V MAHARAJ, KRISH G 2798 N.E. 26TH TERRACE BOCA RATON, FL 334317544 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - 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: 		MICHAEL MARCUS 2.18.05 561-716-4066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	