




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000079795 1. Entity Name HURRICANE PRESSURE CLEANING, INC.				
Principal Place of Business 1410 NW 30TH AVENUE MIAMI, FL 33125		Mailing Address 1410 NW 30TH AVENUE MIAMI, FL 33125		
DO NOT WRITE IN THIS SPACE				
				 03162004 No Chg-P CR2E034 (10/03)
		4. FEI Number 75-3075182		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DILELLA, ABEL 1410 NW 30TH AVENUE MIAMI, FL 33125		DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1000000128090 04/26/04-80024-014 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	PD			
NAME	DILELLA, ABEL			
STREET ADDRESS	1410 NW 30TH AVENUE			
CITY - ST - ZIP	MIAMI, FL 33125			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
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 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: 		4-20-04 305-213-33		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		