## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P02000090618 1. Entity Name 03-23-2007 90025 009 \*\*\*150.00 CACHE CLEANERS, INC. Principal Place of Business Mailing Address 2455 57 40TH AVE 4004012 2455 57 40TH AVE LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 Mailing Address 2. Principal Place of Business - No P.O. Box # \$ 000 2455-574 40 Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For Laudorbill 47-0886287 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ #3313 **3323** Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BULSARA JULIAN BULSARA, JULIAN Street Address (P.O. Box Number is Not Acceptable) 2041 QUAIL ROOST DR WESTON, FL 33327 LAUDERHLLL CITLAUDER HILL 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. Bulsaro 3/12/07 Julian Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete BULSARA JAYANTI A Change TITLE TITLE NAME BULSARA, JAYANTI H NAME 2455 - 57 40th AVE 2041 QUAIL ROOST DRIVE STREET ADDRESS STREET ADDRESS Layderhile Fe 33313 CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP BULSARA PURNIMA Change TD TITLE Delete TITI F BULSARA, PURNIMA J NAME MAME 2455-57 40th AVE STREET ADDRESS 2041 QUAIL ROOST DRIVE STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, 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. 3/12/07 954-485-1711 Dulsare SIGNATURE: &

FILED

Mar 23, 2007 8:00 am