


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90013 037 ***158.75

DOCUMENT # P03000004227 1. Entity Name SPARKLEAN CORP					
Principal Place of Business 2367 W 80 ST 3 HIALEAH, FL 33016			Mailing Address 2367 W 80 ST 3 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 22-0394059			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ, ORLANDO M 19307 SW 65TH ST PEMBROKE PINES, FL 33332			7. Name and Address of New Registered Agent Name ELIANA L. PINO DE SANCHEZ Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Eliana Sanchez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>03/10/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME SANCHEZ, ORLANDO M <input checked="" type="checkbox"/> Delete STREET ADDRESS 19307 SW 65TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33332	TITLE PR <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME ELIANA L. PINO DE SANCHEZ. STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MANUEL A. SANCHEZ. STREET ADDRESS 19307 S.W. 65 ST. CITY-ST-ZIP PEMBROKE PINES, FL. 33332				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u><i>Eliana Sanchez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/10/08</u> Daytime Phone # <u>(786)-873-1460</u>		

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