


2006 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90127 037 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # P03000023352 1. Entity Name SUNCLEAN, INC. | |  | |
| Principal Place of Business 12723 S.W. 266 TERR. HOMESTEAD, FL 33032 | | Mailing Address 12723 S.W. 266 TERR. HOMESTEAD, FL 33032 | |
| 2. Principal Place of Business 12723 SW 266th Suite, Apt. #, etc. | | 3. Mailing Address 12723 SW 266th Suite, Apt. #, etc. | |
| City & State Homestead FL Zip 33032 | | City & State Homestead FL Zip 33032 | |
| Country | | Country | |
| 4. FEI Number 56-2330110 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIOS SUNOL, RAFAEL D 12723 S.W. 266 TERR. HOMESTEAD, FL 33032 | | 7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP | PD DIOS SUNOL, RAFAEL D 12723 S.W. 266 TERR. HOMESTEAD, FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD FIGUEREDO, ANA I 12723 S.W. 266 TERR. HOMESTEAD, FL 33032 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Rafael Sunol</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3/16/06 305 431/1397 <small>Date Daytime Phone #</small> | |