FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91248 027 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033500

1. Entity Name
JET CLEAN CORPORATION

94083374

Principal Place of Business	Mailing Address
3180 SO. OCEAN DRIVE SUITE 807 HALLANDALE, FL 33009	3180 SO. OCEAN DRIVE SUITE 807 HALLANDALE, FL 33009

03242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1585 S. UNIVERSITY DR	1585 S. UNIVERSITY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State: PLANTATION, FL.
Zip: 33324 Country: BROWARD	Zip: 33324 Country: BROWARD

4. FEI Number 56-2239165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, HERMAN
3180 SO. OCEAN DRIVE
SUITE 807
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: DURAN HERMAN
Street Address (P.O. Box Number is Not Acceptable): 1585 S. UNIVERSITY DR.
City: PLANTATION FL Zip Code: 33324

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: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 03-30-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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-ST-ZIP	D DURAN, HERMAN 3180 SO. OCEAN DRIVE #807 HALLANDALE, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1585 S. UNIVERSITY DR PLANTATION, FL. 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURAN, GRACIELA 3180 SO. OCEAN DRIVE #807 HALLANDALE, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1585 S. UNIVERSITY DR. PLANTATION, FL 33324
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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: [signature] 03-30-04 (954)577-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #