2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/30/2005-90002-039-$150.00-$150.00

FILED
05 JUL 25 AM 11: 16
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P03000053477

1. Entity Name
PRESSURE CLEANING R US, INC.

Principal Place of Business	Mailing Address
11587 W ATLANTIC BLVD #5 CORAL SPRINGS, FL 33071-5087	6209 WEST COMMERCIAL BOULEVARD SUITE 7 TAMARAC, FL 33319 US

2. Principal Place of Business	3. Mailing Address
11737 W ATLANTIC BLVD	11737 W ATLANTIC BLVD
Suite, Apt. #, etc.: APT 2	Suite, Apt. #, etc.: APT 2
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS, FL
Zip: 33071 Country:	Zip: 33071 Country:

06282005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0076012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBAR, LUIS A JR
6209 W COMMERCIAL BOULEVARD
SUITE 7
TAMARAC, FL 33319

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CEVALLOS, JORGE A 11587 W ATLANTIC BLVD #5 CORAL SPRINGS, FL 330715087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] PRESIDENT 6/28/05 (954) 709-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JORGE A. CEVALLOS