

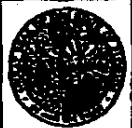
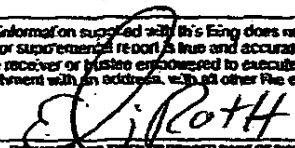
2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-02-2004 90019 028 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54025173

DOCUMENT # P03000077736					
1. Entity Name MADE TO CLEAN, INC.					
Principal Place of Business 350 BUSINESS PARK WAY # 108 RYL-PALM BCH FL 33411			Mailing Address 350 BUSINESS PARK WAY # 108 RYL-PALM BCH FL 33411		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI Number 01222004 Chg-P CR2E034 (10/03)			Applied For 36-4535889 Not Applicable		
5. Certificate of Status Desired ☐			58.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROTH, ELI 10026 SPANISH ISLES BLVD - B28 BOCA RATON, FL 33498 350 BUSINESS PARK WAY STE # 108 RYL PALM BCH FL 33411-7712			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 _____ DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Test 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	P ROTH, ELI 350 BUSINESS PARK WAY RYL PALM BCH FL 33411 SIT 108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTH, LUBA 350 BUSINESS PARK WAY RYL PALM BCH FL 33411 SIT 108	☐ 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 form does not qualify for the exemption stated in Section 19.07(3)(a), 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 file empowered.					
SIGNATURE: 			9/4/04		