2004 FOR PROFIT CORPORATION ANNUAL REPORT

[redacted]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000077736

1. Entity Name
MADE TO CLEAN, INC.

Principal Place of Business	Mailing Address
350 SUISINESS PARK WAY #108 RYL-PALM BCH FL 33411	350 BUISINESS 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

01222004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4535889 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROTH, ELI ~~10026 SPANISH ISLES BLVD., B29~~ ~~BOCA RATON, FL 33498~~ 350 SUSINESS PARK WAY STE # 108 RYL PALM BCH FL 33411-7712	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

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

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 10
TITLE	P ☐ Delete	☐ Change ☐ Addition
NAME	ROTH, ELI	
STREET ADDRESS	350 BUSINESS PARK WAY RYL PALM	
CITY-ST-ZIP	BCH FL 33411 SIT 108	
TITLE	VP ☐ Delete	☐ Change ☐ Addition
NAME	ROTH, LUBA	
STREET ADDRESS	350 BUSSNESS PARK WAY RYL PALM	
CITY-ST-ZIP	BCH FL 33411 SIT 108	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eli Roth 9/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #