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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000081910 1. Entity Name AROMA INTERNATIONAL CLEANING, CORP.					
Principal Place of Business 9460 FONTANEBLEAU BLVD. #125 MIAMI, FL 33172			Mailing Address 9460 FONTANEBLEAU BLVD. #125 MIAMI, FL 33172		
2. Principal Place of Business State: FL			3. Mailing Address State: FL		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33172			Zip 33172		
Country USA			Country USA		
4. FID Number 13-4259021			5. Certificate of Status Declared ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORENO, OSCAR J 9460 FONTANEBLEAU BLVD. #125 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
I, the above named entity, submit 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 of Officer or Director or Registered Agent or both (if applicable)					
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Franchise Commission Paying Agent Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME MORENO, OSCAR J	STREET ADDRESS 9460 FONTANEBLEAU BLVD. #125	CITY & STATE MIAMI, FL 33172	NAME MORENO, OSCAR J	STREET ADDRESS 9460 FONTANEBLEAU BLVD. #125	CITY & STATE MIAMI, FL 33172
NAME LENIS, LUIS G	STREET ADDRESS 9460 FONTANEBLEAU BLVD. #125	CITY & STATE MIAMI, FL 33172	NAME LENIS, LUIS G	STREET ADDRESS 9460 FONTANEBLEAU BLVD. #125	CITY & STATE MIAMI, FL 33172
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12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and correct 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 registered agent empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed or new. Attachment with or without, with all other filed information.					
SIGNATURE: _____ SIGNATURE AND FULL PRINTED NAME OF OFFICER OR DIRECTOR					

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