

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90054 045 ***150.00

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 - No P.O. Box # 335 NW 158 LANE		3. Mailing Address 335 NW 158 LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL		4. FEI Number 13-4259021	
Zip 33028		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02182008 Chg-P CR2E034 (12/06)	
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: MORENO OSCAR J. Street Address (P.O. Box Number is Not Acceptable): 335 NW 158 LANE City: PEMBROKE PINES FL Zip Code: 33028		
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: <u>OSCAR MORENO</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MORENO, OSCAR J 9460 FONTANEBLEAU BLVD. #125 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 NW 158 LANE PEMBROKE PINES FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM LENIS, LUIS G 9460 FONTANEBLEAU BLVD. #125 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 NW 158 LANE PEMBROKE PINES FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>			Date: <u>02.18.08.</u> Daytime Phone #:		