


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 005 ***150.00

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| DOCUMENT # P03000094080 |  |
| 1. Entity Name INTRACOASTAL CLEANER, INC. | |

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| Principal Place of Business 16900 NORTH BAY RD SUITE 902 SUNNY ISLE, FL 33160 | Mailing Address 16900 NORTH BAY RD SUITE 902 SUNNY ISLE, FL 33160 |
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54021988

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| 2. Principal Place of Business 16950 North Bay Rd. Suite, Apt. #, etc. | 3. Mailing Address 16950 North Bay Rd. Suite, Apt. #, etc. SUITE 2411 |
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|-------------------------------------|-------------------------------------|
| City & State Sunny Isle, Florida | City & State Sunny Isle, Florida |
| Zip 33160 | Zip 33160 |
| Country USA | Country USA |



03222004 Chg-P CR2E034 (10/03)

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|---|--|--|
| 4. FEI Number 54-212285 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GUEDES, FRANK N 16900 NORTH BAY RD SUITE 902 SUNNY ISLE, FL 33160 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 GUEDES, FRANK N 16900 NORTH BAY RD SUITE 902 SUNNY ISLE, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V LENCINA, ROBERTO 16900 NORTH BAY RD SUITE 902 SUNNY ISLE, FL 33160 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  FRANK GUEDES 03/22/04 (705) 490-9579

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