

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90014 032 \*\*\*150.00

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**DOCUMENT # P03000117517**  
 1. Entity Name  
**AIRPORT CLEANERS, INC.**



Principal Place of Business      Mailing Address  
 4577 NW 7 ST                      4577 NW 7 ST  
 MIAMI, FL 33126                  MIAMI, FL 33126

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

01062004      Chg-P      CR2E034 (10/03)

4. FEE Number      Applied For  
 87-0711859      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 RODRIGUEZ, ROSARIO  
 4577 NW 7 ST  
 MIAMI, FL 33126

**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 \_\_\_\_\_  
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 11**

TITLE      P      Delete  
 NAME      RODRIGUEZ, ROSARIO  
 STREET ADDRESS      4577 NW 7 ST  
 CITY-ST-ZIP      MIAMI, FL 33126

TITLE      Change      Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      V      Delete  
 NAME      BERTOT, CARLOS H  
 STREET ADDRESS      4577 NW 7 ST  
 CITY-ST-ZIP      MIAMI, FL 33126

TITLE      Change      Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Change      Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Delete  
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 STREET ADDRESS  
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TITLE      Change      Addition  
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TITLE      Change      Addition  
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 CITY-ST-ZIP

TITLE      Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      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:** \_\_\_\_\_ Date: 01/06/04 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR