
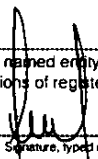



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90014 046 \*\*\*150.00

<b>DOCUMENT # P03000146045</b> 1. Entity Name <b>YOLIX PRESSURE CLEANER CORPORATION</b>			
Principal Place of Business <b>19144 CRYSTAL ST WESTON, FL 33332</b>		Mailing Address <b>19144 CRYSTAL ST WESTON, FL 33332</b>	
2. Principal Place of Business - No P.O. Box # <b>3777 NW 78 AVENUE</b>		3. Mailing Address <b>3777 NW 78 AVENUE</b>	
Suite, Apt. #, etc. <b>#12-C</b>		Suite, Apt. #, etc. <b>#12-C</b>	
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>	
Zip <b>33024</b>		Zip <b>33024</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>90-0132808</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SILVA, FELIX 2052 HACIENDA TERRACE WESTON, FL 33327</b>		7. Name and Address of New Registered Agent Name <b>SILVA, FELIX</b> Street Address (P.O. Box Number is Not Acceptable) <b>3777 NW 78 AVENUE, #12-C</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33024</b>	
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 <b>04/01/08</b>	
(NOTE: Registered Agent signature required when renating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SILVA, FELIX MR 19144 CRYSTAL ST WESTON, FL 33332</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/S SILVA, FELIX 3777 NW 78 AVENUE STE 12-C HOLLYWOOD, FL 33024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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
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
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 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: 		DATE <b>04-01-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	