2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2005 8:00 am
Secretary of State
04-22-2005 90284 046 ***150.00

DOCUMENT # P04000021316

1. Entity Name
CLEANLAND, CORP.

66018410

03302005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~8960 NW 8 ST #109~~ ~~MIAMI, FL 33172~~	~~8960 NW 8 ST #109~~ ~~MIAMI, FL 33172~~

2. Principal Place of Business	3. Mailing Address
2500 NW 79 AVENUE	2500 NW 79 AVENUE
Suite, Apt. #, etc.: #169	Suite, Apt. #, etc.: #169
City & State: DORAL FL.	City & State: DORAL, FL.
Zip: 33122 Country:	Zip: 33122 Country:

4. FEI Number: 73-1693925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVA, CARMEN ~~8960 NW 8 ST #109~~ ~~MIAMI, FL 33172~~	Name Street Address (P.O. Box Number is Not Acceptable): 3282 SW 2ST TERRACE City MIAMI FL Zip Code 33133

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: _____ 3/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, SONIA ~~8960 NW 8 CT #109~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 986 SW 154 COURT MIAMI, FL. 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS OLIVA, CARMEN ~~8960 NW 8 CT #109~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3282 SW 2ST TERRACE MIAMI, FL. 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOVAIZA, ROBERTO D ~~8960 NW 8 CT #109~~ ~~MIAMI, FL 33172~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3282 SW 2ST TERRACE MIAMI, FL. 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ SONIA LOPEZ DIRECTOR 3/30/05 (305) 477 7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #