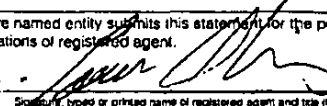
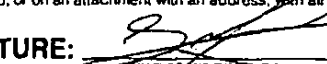


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
May 23, 2005 8:00 am
Secretary of State

04-22-2005 90284 046 ***150.00

DOCUMENT # P04000021316			
1. Entity Name CLEANLAND, CORP.			
Principal Place of Business 8960 NW 8 ST #109 MIAMI, FL 33172		Mailing Address 8960 NW 8 ST #109 MIAMI, FL 33172	
2. Principal Place of Business 2500 NW 79 AVENUE Suite, Apt. #, etc. #169 DORAL, FL		3. Mailing Address 2500 NW 79 AVENUE Suite, Apt. #, etc. #169 DORAL, FL	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33126	Country	Zip 33126	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 OLIVA, CARMEN 8960 NW 8 ST #109 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3282 SW 25 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  DATE 3/30/05 (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		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 ST #109 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Addition 986 SW 154 COURT MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS OLIVA, CARMEN 8960 NW 8 ST #109 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Addition 3282 SW 25 TERRACE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOVAIZA, ROBERTO D 8960 NW 8 ST #109 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Addition 3282 SW 25 TERRACE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SONIA LOPEZ DIRECTOR Date 3/30/05 (607) 477 7773 Daytime Phone #	

66018410



03302005 Chg-P CR2E034 (10/03)