## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 27, 2005 8:00 am Secretary of State **DOCUMENT # P04000032172** AMADOR CLEANUP, INC. 04-28-2005 90198 005 \*\*\*150.00 Principal Place of Business Mailing Address 2231 30TH TERRACE NW 2231 30TH TERRACE N W CAPE CORAL, FL 33993 CAPE CORAL, FL 33993 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number **20-074**3 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMADOR, GERARDO 2231-30TH TERRACE N W Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33993 City 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 Signature typed or princed nerve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition AMADOR, GERARDO MALE MALE STREET ADDRESS 2231 30TH TERRACE N W STREET ADORESS CAPE CORAL, FL 33993 CITY-ST-ZIP CITY-ST-2P HILE Delete TITLE ☐ Addition ☐ Change HALIF NAME STREET ADDRESS STREET ADDRESS C(TV-S1-712 CITY-ST-ZP Delete ☐ Chance ☐ Addition MANE MALKE S"HEET ADDRESS STREET ADDRESS CIV ST-ZIP CITY-ST-ZIP II!Œ Delete ☐ Change ☐ Addition MAKE MAME STREET ADDRESS STREET ADDRESS C117 S3 - 21P CITY-ST-7IP MLE ☐ Delete ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS C'14-ST 72P CITY-ST-ZIP TITLE ☐ Change D'LE ☐ Detete ■ Addition HAME NAME STHEET ADDRESS STREET ACCRESS C-TY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this Tiping 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 suppliemental 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 empended 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. 4bs/05 239-246-9705 SIGNATURE:

FILED