

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90271 037 ***185.75

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DOCUMENT # P04000091315 1. Entity Name BLUECLEAN SERVICES, INC.					
Principal Place of Business 4938 PALM BROOKE CIR W PALM BCH, FL 33417			Mailing Address 4938 PALM BROOKE CIR W PALM BCH, FL 33417		
2. Principal Place of Business 2043 OAK HURST WAY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2043 OAK HURST WAY <small>Suite, Apt. #, etc.</small>			
City & State RIVIERA BEACH, FL		City & State RIVIERA BEACH, FL		4. FEI Number 51-0510672	
Zip 33404		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAUCIAK, ARTUR 4938 PALM BROOKE CIR W PALM BCH, FL 33417				7. Name and Address of New Registered Agent Name BLAUCIAK, ARTUR Street Address (P.O. Box Number is Not Acceptable) 2043 OAK HURST WAY City RIVIERA BEACH FL Zip Code 33404	
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 _____ (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. <input type="checkbox"/> \$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	D BLAUCIAK, ARTUR <input type="checkbox"/> Delete 4938 PALM BROOKE CIR W PALM BCH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2043 OAK HURST WAY RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAUCIAK, ANNA <input type="checkbox"/> Delete 4938 PALM BROOKE CIR W PALM BCH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2043 OAK HURST WAY RIVIERA BEACH, FL 33404	
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 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: <u>Artur Blauciak</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ARTUR BLAUCIAK PRESIDENT 04/25/2005 <small>Date Daytime Phone #</small>		