


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 047 ***150.00

DOCUMENT # P05000015410

1. Entity Name
PROCLEAN, INC. OF SOUTH FLORIDA



Principal Place of Business Mailing Address

4675 MANDERLY DRIVE **4675 MANDERLY DRIVE**
WELLINGTON, FL 33467 **WELLINGTON, FL 33467**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4175 SEA MIST WAY **4175 SEA MIST WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Wellington, FL **Wellington, FL**

Zip Country Zip Country

33449 **P.B.** **33449** **P.B.**

40015410



01232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

FRIEDMAN, MARC
8634 NW 59TH PLACE
PARKLAND, FL 33067

4. FEI Number Applied For

56-2499455 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRO, PAUL	NAME	
STREET ADDRESS	4675 MANDERLY DRIVE	STREET ADDRESS	4175 SEA MIST WAY
CITY-ST-ZIP	WELLINGTON, FL 33467	CITY-ST-ZIP	WELLINGTON, FL 33449
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRO, DONNA	NAME	
STREET ADDRESS	4675 MANDERLY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33467	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **x Paul Faro** **1-24-08** **(561)333-0230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davinci Print #