

FILED
Jun 26, 2006 8:00 am
Secretary of State

5/4

05-04-2006 90199 003 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000114736			
1. Entity Name CLEANER SPLENDOR, CORP.			
Principal Place of Business 2610 NW 89TH AVENUE SUNRISE, FL 33322		Mailing Address 2610 NW 89TH AVENUE SUNRISE, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 203338605		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, TOMASA 2610 NW 89TH AVENUE SUNRISE, FL 33322		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 <u>Tomasa Rodriguez</u> DATE <u>5-1-06</u> Signature, print or printed name of registered agent and his or her address (DATE: Registered Agent signature required when releasing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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	PO RODRIGUEZ, TOMASA 2610 NW 89TH AVENUE SUNRISE, FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 files empowered.			
SIGNATURE: <u>Tomasa Rodriguez</u>		5-1-06 305.552.7969	