2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000153794

1. Entity Name SUN CLEAN I, INC.



FILED
Apr 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

6010 W OAKLAND PARK BLVD Sunrise, FL 33313 Mailing Address

6010 OAKLAND PARK BLVD SUNRISE, FL 33313



DO NOT WRITE IN THIS SPACE 01212007

01212007	No Chg-P	CR2I	E034 (11/05)
4. FEI Number			Applied For
20-3814	221		Not Applicable
5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ADESHINA, ELIZABETH O 6010 W OAKLAND PARK BLVD SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	od office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADESHINA, ELIZABETH O 7400 N W 17TH STREET #310 PLANTATION, FL 33313					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000712092 04/26/07-80034-002 158.75		
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 path; that I am an officer or director						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes in funder certify that the information indicated on this 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

(954)3180066