

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

**DOCUMENT # P06000050143**



1. Entity Name  
**Y KLEEN, INC**

02-07-2007 90053 001 \*\*\*\*\*8.75  
02-07-2007 90053 002 \*\*\*150.00

Principal Place of Business  
**18306 NW 68TH STREET  
MIAMI, FL 33015**

Mailing Address  
**18306 NW 68TH STREET  
MIAMI, FL 33015**

2. Principal Place of Business - No P.O. Box #  
**8069 NW 199 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**8069 NW 199 STREET**  
Suite, Apt. #, etc.



01292007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**20-4682235**

Applied For  
☐ Not Applicable

Zip  
**33015**

Country

Zip  
**33015**

Country

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

**6. Name and Address of Current Registered Agent**

**RAPALO, YADIRA E  
18306 NW 68TH STREET  
MIAMI, FL 33015**

**7. Name and Address of New Registered Agent**

Name  
**RAPALO, YADIRA E**  
Street Address (P.O. Box Number is Not Acceptable)  
**8069 NW 199 STREET**

City  
**MIAMI** **FL** Zip Code  
**33015**

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 *Yadira Rapalo*

*President*

*2-1-07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPALO, YADIRA E 18306 NW 68TH STREET MIAMI, FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, LUIS 18306 NW 68TH STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPALO, ALAN 18306 NW 68TH STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T S RAPALO, YADIRA E 8069 NW 199 STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASQUEZ, DANILO 8069 NW 199 STREET MIAMI, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Yadira Rapalo* *President* *2-1-07* (786) 277-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #