

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000099280

1. Entity Name

ARISTA PRESSURE CLEANING COMPANY



FILED

08 SEP 29 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~3500 N. POWERLINE ROAD  
BOX #532  
POMPANO BEACH FL 33069~~

Mailing Address

~~3500 N. POWERLINE ROAD  
BOX #532  
POMPANO BEACH FL 33069~~

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

5233 North Dixie Hwy.

Suite, Apt. #, etc.

apt. A-1

City & State

Oakland Park, Fl.

Zip

33334

Country

Broward

3. Mailing Address

5233 North Dixie Hwy.

Suite, Apt. #, etc.

apt. A-1

City & State

Oakland Park, Fl.

Zip

33334

Country

Broward

2nd MOORE

CR2E034 (4/08)

4. FEI Number

20-5282936

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEROGIANIS, JOHN JR.  
3500 N. POWERLINE ROAD  
BOX #532  
POMPANO BEACH FL 33069

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GEROGIANIS, JOHN JR	
STREET ADDRESS	3500 N. POWERLINE ROAD BOX #532	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	Gerogianis, John Jr	<input type="checkbox"/> Delete
NAME	5233 North Dixie Hwy Apt A-1	
STREET ADDRESS	Oakland Park, Fl, 33334	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	New address	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000136535140	
STREET ADDRESS	10/01/08--01052--006 **158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Gerogianis

Date

Daytime Phone #

09/19/08 (954) 817-8885