

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000028761

1. Entity Name
THE CLEANING FACTORY, INC.



Principal Place of Business
4155 SW 67TH AVE
APT 109B
DAVIE, FL 33314

Mailing Address
15841 PINES BLVD
#171
PEMBROKE PINES, FL 33027

2. Principal Place of Business - No P.O. Box #
4155 SW 67th Ave
Suite, Apt. #, etc.
Apt # 109B

3. Mailing Address
15841 Pines Blvd
Suite, Apt. #, etc.
#171

City & State
DAVIE FL

City & State
Pembroke Pines FL

Zip
33314

Country
USA

Zip
33027

Country
USA

10172008 REIN-P CR2E098 (1/07)

4. FEI Number
01-0888844

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBAN, CARLOS
4155 SW 67TH AVE
APT 109B
DAVIE, FL 33314

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 reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
ALBAN, CARLOS
STREET ADDRESS
15679 SW 41 STREET
CITY-ST-ZIP
MIRAMAR, FL 33027 ☒ Delete

TITLE
NAME
B
CARLOS ALBAN
STREET ADDRESS
4155 SW 67th Ave Apt # 109B
CITY-ST-ZIP
DAVIE FL, 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000137071460
10/20/08--01045--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08

Date

354-608-3064

Daytime Phone #

10/21/08