

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90002 005 ***158.75

DOCUMENT # P07000083718 1. Entity Name OUT OF THIS WORLD HAND CLEANER, INC					
Principal Place of Business 7561 RAMONA STREET MIRAMAR, FL 33023			Mailing Address 7561 RAMONA STREET MIRAMAR, FL 33023		
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. <i>same</i>		Suite, Apt. #, etc. <i>same</i>			
City & State <i>same</i>		City & State <i>same</i>			
Zip <i>same</i>	Country <i>same</i>	Zip <i>same</i>	Country <i>same</i>	4. FEI Number 90-0334669 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, WILFREDO 1100 ALTON ROAD 3-B MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> 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 _____ DATE 06/09/08 <small>Signature, typed or printed name of registered agent, or both, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOGGIO, EMANUEL 7561 RAMONA MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: Emanuel Moggio <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		06/09/08 <small>Date</small>		(954) 274-3535 <small>Daytime Phone #</small>	

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