2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2008-90002-049-$550.00-$550.00

DOCUMENT # P07000120938

1. Entity Name
INDUSTRIAL STEAM CLEANING OF SOUTHERN FLORIDA INC

FILED
2008 OCT -3 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-3
JD

Principal Place of Business	Mailing Address
5151 NW 5ST MIAMI, FL 33126	5151 NW 5ST MIAMI, FL 33126

08052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 5151 NW 5St.		3. Mailing Address	
Suite, Apt. #, etc. Miami FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33126	Country	Zip	Country

4. FEI Number 26-1345807 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOGO, DONALD E SR
5151 NW 5ST
MIAMI, FL 33126

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] 9/5/08
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGO, DONALD SR 5151 NW 5ST MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 9/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #