
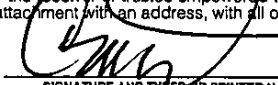


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90767 001 \*\*\*750.00

<b>DOCUMENT # P92000011401</b> 1. Entity Name <b>CITY SEWER CLEANERS, INC.</b>					
Principal Place of Business <b>5411 ORANGE DRIVE DAVIE, FL 33314</b>			Mailing Address <b>10437 SW 22 PL DAVIE, FL 33324 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5411 ORANGE DR</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>DAVIE, FL</b> Zip <b>33314</b>		Country <b>BROWARD</b>	
4. FEI Number <b>65-0373254</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDREI, ROBERT 5411 ORANGE DRIVE DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREI, ROBERT 10437 SW 22 PL DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREI, LUCILLE 10437 SW 22 PL DAVIE, FL 33324 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: 			<b>CHARLES A. DYETO, JR., CPA, PA</b> <b>CERTIFIED PUBLIC ACCOUNTANT</b> <b>425 N. W. 4TH STREET</b> <b>PLANTATION, FLORIDA 33317</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER			Date <b>4/24/05</b> Daytime Phone # <b>954-321-6300</b>		