2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000004174

1. Entity Name

SQUEAKY CLEAN SEALING, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

4567 SW 128TH CT MIAMI, FL 33175-4611 Mailing Address

4567 SW 128TH CT MIAMI, FL 33175-4611



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0460961

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, PEDRO A 4567 SW 128TH CT MIAMI, FL 33175 DO NOT WRITE IN THIS SPACE

MIAMI, FL 33175			IN THIS SPACE			
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or registered	agent, or both, in	n the State of Florida. Ta	am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			red Agent signature required wh	Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				<b>0</b> May Be to Fees		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIRECT DPS DELGADO, PEDRO 4567 SW 128TH CT MIAMI, FL V	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELGADO, ILEANA G 4567 SW 128 CT MIAMI, FL			1 02	1000000812677 712708-80059-	002,150.00
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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 of 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:** 

TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PEGO A. DETO AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

(305) 552<del>-</del>8078

Daytime Phone #