


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90747 012 ***150.00

DOCUMENT # P94000036791 1. Entity Name CLEANING DEPOT USA, INC.	
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Principal Place of Business 6436 FRENCH ANGEL DR MARGATE, FL 33063	Mailing Address P.O BOX 0635 CORAL SPRINGS, FL 33067
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04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0499802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KAVANAGH, ELIZABETH 6436 FRENCH ANGEL DRIVE MARGATE, FL 33063
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAVANAGH, ELIZABETH M. 6436 FRENCH ANGEL DRIVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AITUDILLO, ANGELA 11079 NW 46 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAVANAGH, JOHN 6436 FRENCH ANGEL DRIVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASTUDILLO, ROBERT 11079 NW 46 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KAVANAGH, VP

Date

Daytime Phone #

4/27/04