

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # P94000036791 1. Entity Name CLEANING DEPOT USA, INC.			
Principal Place of Business 6436 FRENCH ANGEL DR MARGATE FL 33063		Mailing Address P.O BOX 0635 CORAL SPRINGS FL 33067	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KAVANAGH, ELIZABETH 6436 FRENCH ANGEL DRIVE MARGATE FL 33063		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	

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

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P KAVANAGH, ELIZABETH M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6436 FRENCH ANGEL DRIVE	NAME	
STREET ADDRESS	MARGATE FL 33063	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S AITUDILLO, ANGELA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11079 NW 46 DRIVE	NAME	
STREET ADDRESS	CORAL SPRINGS FL 33076	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP KAVANAGH, JOHN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6436 FRENCH ANGEL DRIVE	NAME	
STREET ADDRESS	MARGATE FL 33063	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T ASTUDILLO, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11079 NW 46 DRIVE	NAME	
STREET ADDRESS	CORAL SPRINGS FL 33076	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John J. Kavanagh 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date