UN	DO3 FOR PROF			FILED Sep 05, 2003 8:00 am Secretary of State	0132182 AI
1. Entity Nam CLEANIN		Q.		09-05-2003 90104 026 ***150.00	
Principal Place of Business 4802 W COMMERCIAL BLVD FORT LAUDERDALE FL 33319 US		Mailing Address P O BOX 590655 FORT LAUDERDALE FL 33359 US			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
City & Stat	e	City & State		4. FEI Number 65-0540745 Applied For Not Applicable	_
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	1
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	1
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Address	s (P.O. Box Number is Not Acceptable)	-
UCHAL G	ADLES FL 33134		City		-
8. The above the obligat	named entity submits this statement fo	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept	4
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·				
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable, (NOTE	: Registered Agent signature requir	DATE	-
After Sep	otember 10, 2003 Fee will be \$750 Payable to Florida Department of			 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 	
10.	OFFICERS AND	DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1.
TITLE NAME STREET ADDRESS	PSTD ROTH, EDWARD A P O BOX 590655	🗔 Delete	TITLE NAME STREET ADDRESS	🗌 Change 🗌 Addition	1
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 33359 VD	Delete	CITY-ST-ZIP TITLE	Change 🗌 Addition	CR2E034
NAME STREET ADDRESS CITY-ST-ZIP	Roth, Alisha M P O Box 590655 Fort Lauderdale FL 33359		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		Delete	TITLE		
STREET ADDRESS City-st-zip			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
indicated of the corr	on this report or supplemental report is	true and accurate and that m owered to execute this report a	iv signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE:					

Attachment



CLEANING EXPRESS USA INC

September 3, 2003

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Dear Sir or Madam:

Please be advised, we did not receive the prior notice, and respectfully request our late fee be waived. We are enclosing the original filing fee.

and a state of

Les Miller St. St. St.

Sincerely,

Alisha Roth Vice-President