FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000051667 (0)													
1		RPET CLEANI	NG, INC						1 18611864 1	& 18181 Allet Bud	11 0 1 131 0 1 344 1		A #111 4 #11 11 (BB) (#8)
Principal Place of Business				Mailing Address									
11318 WILES ROAD CORAL SPRINGS FL 33065				11318 WILES ROAD CORAL SPRINGS FL 33065									
		.							3. Date Incorporat 06/29/19	ed or Qualifie 195	d 3a . D	ale of Last f	Report
Principal Place of Business 1				la. Maiing Address					4. FEI Number 65~060	14373			Applied For Not Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of St.			\$8.7	5 Additional
Cit. & State				7 City & State								Fee	Required
City & State			28	City & State				Flection Campa Trust Fund Con		, 🗆		00 May Be ed to Fees	
Zip	Country			Zip Country				8. This corporation		or intangible	tax under s		
24		25	29			30			Florida Statutes		∕es □No		
	y, name i	and Address of Cu	rrent Regi	stered Agent		81	Name		10. Name and Add	iress of Nev	v Registere	d Agent	
CEFO	LO, NICHO	AS							70-70-				
11318 WILES ROAD						82	Street .	Address	s (P.O. Box Number	is Not Accep	table)		
CORA	L SPRINGS	FL 33065				83			· · · · · · · · · · · · · · · · · · ·				
						84	City			~ _ _		. 85 Z	Pip Code
11 Purcuant	to the province	ns of Spotions 607 f	25.00 000 6	07.1500. [10-10							F	LII	•
or register	eu agent, or t	om, in the state on	rionad Suc	iri change was	authorized	, the above-r Lby the corp	named co oration's	orporation board of	on submits this state of directors. I hereby	ment for the paccept the a	purpose of a ppointment	changing its as registere	registered office d agent. Lam
SIGNATURE	и, апи ассер	t the obligations of, t	Section 607	.0505, Florida	Statutes.								
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12.	1	OFFICERS	AND DIFFE	CTORS DEL	ETE	13.		T -	ADDITIONS/CH	ANGES TO C	FFICERS A		
NAME	į				.C.1C	1. 1 TITLE 1.2 NAME		D	PHOLAC LOE	TOT O		Change	★] Add tion
STREET ADORESS						1 3 STREET	ADDRESS		CHOLAS J CE 318 WILES R				
CITY-S1-ZIP						14 CHY-S			RAL SPRINGS		33076		
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NAME						2.2 NAME		MAF	RYANN RUSSO				
STREET ADORESS						23 STREET	ADDRESS	1	318 WILES R				
CITY - ST - 7IP TITLE				F D DCI	C T C	2.4 CITY - S	T - ZIP	COF	RAL SPRINGS	FL 3	33076		
NAME				☐ DEL	tit	3 1 11flE						Change	☐ Addition
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NAME						4.2 NAME							
STREET ADDRESS						43 STREET	ADDRESS	}					
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NAME				<u></u>		6 2 NAME						Change	☐ Addition
STREET ADDRESS						6.3 STREET	AUUBEGG						
CITY-ST-ZIP						64 CITY-S							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment without address

SIGNATURE:

SIGNATURE

SIGNATURE