2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						, FILED				
DOCUMENT # P9700004097 1. Entity Name						Feb 26, 2004 08:00 AM Secretary of State				
SUPERSONIC CLEANING SERVICE, INC.							ur y or	Suc		
Principal Place of Business Mailing Address						•			•	
14511 N.W. 13TH ROAD MIAMI FL 33167		14511 N.W. 13TH ROAD MIAMI FL 33167								
					j					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE (	CR2E034 (*	11/03)	-	
City & State		City & State		4. F	El Number 65-0742423		<u> </u>	plied For t Applicable		
Ζφ	Country	Zıp	Count	ry		ertificate of Status Desired	Fe Fe	3.75 Addi e Required		
6. Name and Address of Current Registered Agent				Name	7. N	ame and Address of New Re	gistered Age	∍nt		
GAINSBRUGH, MARTIN C								····		
14511 N.W. 13TH ROAD MIAMI FL 33167				Street Address (	(P.O. Bo	ox Number is Not Acceptable)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				City			FL	Zip Code	e	
	named entity submits this statement litions of registered agent.	or the purpose of changing its	registere	ed office or register	red age	ent, or both, in the State of Flor	ida. I am fan	niliar with.	and accept	
SIGNATURE .	Signature, typed or printed name of registered agor	et and little if applicable. [NOT	rE Registered	d Agent signature required	d when rei	nstating)	DATE	<del></del>	··· <del>·</del>	
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fina	incina	es o	0 14 5-	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution		Added	O May Be to Fees	
10.	OFFICERS AND DIRECTORS 11				ADI	DITIONS/CHANGES TO OFFIC		<del></del>		
TITLE NAME	D GAINSBRUGH, MARTIN C	☐ Delete	TITLE NAME				_	_ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	14511 N.W. 13TH ROAD MIAMI FL 33167		STRE	ET ADDRESS -ST-ZIP		U00000067434 02/26/04-80056-021 150.00				
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4			ET ADDRESS SI-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	:				_ •	_	
STREET ADDRESS			•	ET ADDRESS						
CITY-ST-ZIP				·ST · ZiP			·····	7 04	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					L	_ Change	☐ Addition	
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME		<del> </del>	NAME	ŧ			_			
STREET ADDRESS CITY+ST-ZIP				ST-ZIP						
TITLE		☐ Delete	TITLE	į				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP			•	ST-ZIP						
indicated of the cor	certify that the information supplied wi I on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that cowered to execute this repor	my signat t as requir	ure shall have the :	same is	egal effect as if made under o	ath that I am	an officer.	or director	

Gainsbrugh