


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90024 015 ***150.00


DOCUMENT # P97000016443	
1. Entity Name SUPERCLEAN DISTRIBUTORS, INC.	

Principal Place of Business 4631 N.W. 31ST AVENUE SUITE 247 FT LAUDERDALE, FL 33309	Mailing Address 4631 N.W. 31ST AVENUE SUITE 247 FT LAUDERDALE, FL 33309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

54034086



03242004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0732235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUTRO, CINDY 4631 N.W. 1ST AVENUE SUITE 247 FT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Cindy Cutro Herd* DATE 4-7-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cindy Cutro Herd* 4-7-04 954 448-4775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CINDY CUTRO Herd
Cindy Herd

4-7-04



Attachments P170001648

54034086

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED: .. DEC.15 2003....

RECORDED: BOOK 346 PAGE 3318.

HOWARD C. FORMAN , CLERK OF COURT

BY .ATG., DEPUTY CLERK

ML-SO-03-001461

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ADOLPHUS CROCKETT HERD			2. DATE OF BIRTH (Month, Day, Year) MAR 23, 1943		
3a. RESIDENCE - CITY, TOWN, OR LOCATION HOLLYWOOD		3b. COUNTY BROWARD		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) CINDY ANN CUTRO			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION HOLLYWOOD		7b. COUNTY BROWARD		7c. STATE FLORIDA	
			6. DATE OF BIRTH (Month, Day, Year) JUN 15, 1965		
			8. BIRTHPLACE (State or Foreign Country) TEXAS		
			8. BIRTHPLACE (State or Foreign Country) NEW JERSEY		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Adolphus Crockett Herd</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 24, 2003	
11. TITLE OF OFFICIAL DEPUTY CLERK DIANE BOTTA		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Diane Botta</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Cindy Ann Cutro</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT 24, 2003	
15. TITLE OF OFFICIAL DEPUTY CLERK DIANE BOTTA		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Diane Botta</i>	

LICENSE TO MARRY

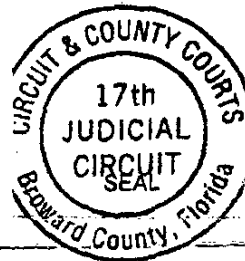
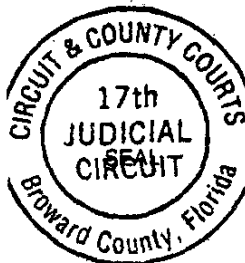
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED OCT 24, 2003		19a. DATE LICENSE EFFECTIVE OCT 24, 2003		19. EXPIRATION DATE DEC 22, 2003	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Diane Botta</i>				20b. TITLE DEPUTY CLERK DIANE BOTTA		20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) Nov 21, 2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE 141 S. County Road, Palm Beach, FL 33480	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Ralph R. Warren, Jr.</i>		23c. ADDRESS (Of person performing ceremony) 165 Barton Avenue, Palm Beach, FL 33480	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) The Rev. Ralph R. Warren, Jr., D.D. Rector, Church of Bethesda-by-the-Sea		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Carol Lee Saluzzo</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Sam R. 76</i>	



SEAL

Name change Cindy Herd