


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000050727</b>	
1. Entity Name CLEANING SYSTEMS, INC.	

Principal Place of Business 10330 NW 55TH STREET SUNRISE, FL 33351 US	Mailing Address 10330 NW 55TH STREET SUNRISE, FL 33351 US
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0764773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FISCHER, JAMES  
10330 NW 55T STREET  
SUNRISE, FL 33351

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000410563 02/09/06-80041-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, JAMES 104 NW 100 TERRACE POMPAÑO BEACH, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISCHER, TATIANA 104 NW 100 TERRACE POMPAÑO BEACH, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an other like empowered.

SIGNATURE: JAMES FISCHER 1/4/06 954-341-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #