

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 038 ***150.00

DOCUMENT # P98000000635

1. Entity Name
INTEGRATED CLEANING SYSTEMS INTERNATIONAL, INC.



Principal Place of Business
**3600 INVESTMENT LANE
SUITE 101
WEST PALM BEACH, FL 33404 US**

Mailing Address
**P O BOX 10209
RIVIERA BEACH, FL 33419 US**

4002-



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0804505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLETTE, KEVIN J
31 BERMUDA LAKE DR
PALM BEACH GARDENS, FL 33418**

Name **Collette, Kevin J.**

Street Address (P.O. Box Number is Not Acceptable)

67 Dunbar

City **Palm Beach Gardens FL** Zip Code **33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COLLETTE, KEVIN J**
STREET ADDRESS **31 BERMUDA LAKE DR**
CITY - ST - ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☒ Change ☐ Addition
NAME **Collette, Kevin J.**
STREET ADDRESS **67 Dunbar**
CITY - ST - ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #