## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000065335**1. Corporation Name

MY STEAM CLEANER, INC.

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90066 033 \*\*\*150.00



Principal Place	Mailing Address				I (BB((BB)) )/G (B)(B) (B)() GB(() GB()	14 MB141 MB410	/ <b>61100 GALOG</b> 11100	1148) Bitt imai		
4361 SW 146 COURT MIAMI FL 33175		4361 SW 146 COURT MIAMI FL 33175								
						DO NOT WRIT	E IN THIS	3 SPACE		
						<ol> <li>Date Incorporated or Qualifed 07/24/1998</li> </ol>				í
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	10	Ap	plied For	
21		26	26			65-0854//	<u> </u>		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>_</del> _			5. Certificate of Status Desired		\$8.75 / Fee Re		ļ
City & State		City & State	<u>~</u> , ·			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 24 25		Zip 29				This corporation owes the curre     Personal Property Tax.	ent year In	ntangible XYes	□No	İ
	g. Name and Address of Curre	+				10. Name and Address of New R	egistered	Agent		l
				81	Name	·· <del>·</del>				İ
CARDENAS, MIGUEL					Street Add	ress (P.O. Box Number is Not Accepta	ble)			l
	SW 146 COURT			82			<u> </u>			l
MIAN	A) FL 33175			83					ļ	l
				84	City	<del></del>	F۱	85 Zip (	Code	1
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by th	named corporation	poration submits this statement for the ion's board of directors. I hereby accept	purpose of t the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered as	jent and title if applicable (NC	TE: Registered	Agent :	signature requir	ed when reinstating)	DATE			) ;
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	FICERS A			1
TITLE	D	☐ DELETE	1.1 TI	TLE				Change	☐ Addition	:
NAME	CARDENAS, MIGUEL									
STREET ADDRESS	4361 SW 146 COURT				DORESS					
CITY-ST-ZIP	MIAMI FL 33175	□ DELEXE		ITY-ST-	ZIP			Change	Addition	
TITLE		☐ DELETE	<b>.</b>					[] Change		l
NAME				2.2 NAME 2.3 STREET ADDRESS						ł
STREET ADDRESS									I	ĺ
TITLE			TTY-ST TLE	-ZIP	<del>, , , , , , , , , , , , , , , , , , , </del>		☐ Change	Addition	į	
NAME			3.2 N					_		
STREET ADDRESS			1		ODRESS					1
CITY-ST-ZIP			34.0	ITY-ST	-ZIP					1
TITLE		☐ DELETE	4.1 TI					☐ Change	☐ Addition	
NAME			4.2 N	IAME						
STREET ADDRESS			4.3 STREE		ADDRESS					ļ
CITY-ST-ZIP			4.4 CI	ΠΥ-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI		_[ _	_		Change	Addition	ĺ
NAME			5.2 N							١
STREET ADDRESS					NODRESS					
CITY-ST-ZIP		<u></u>	_	ITY-ST-	ZIP					1
TITLE		☐ DELETE	6.1 Ti					Change	Addition	
NAME			6.2 N							ĺ
STREET ADDRESS			6.3 S	TREET	ADDRES\$					

14. 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 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 officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE: