


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 020 ***150.00

DOCUMENT # P98000091880	
1. Entity Name YOUR CLEAN AIR PEOPLE, INC.	

Principal Place of Business 6470 S.W. 16TH STREET POMPANO BEACH, FL 33068	Mailing Address 6470 S.W. 16TH STREET POMPANO BEACH, FL 33068
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2. Principal Place of Business 210 SW CHAPMAN Ave	3. Mailing Address 210 SW CHAPMAN Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State Port St. Lucie, FL-3	City & State Port St. Lucie, FL-
Zip 34984	Country USA
Zip 34984	Country USA

4. FEI Number 65-0881890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CASEY, CARMELITA V 6470 S.W. 16TH STREET POMPANO BEACH, FL 33068 210 SW CHAPMAN Ave PORT ST. LUCIE, FL-34984	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Carmelita Casey CARMELITA V. CASEY	DATE 4-16-04

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	D <input type="checkbox"/> Delete CASEY, CARMELITA V 6470 S.W. 16TH STREET 210 SW CHAPMAN Ave POMPANO BEACH, FL 33068 Port St. Lucie, FL 34984 <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
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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.	
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SIGNATURE: Carmelita Casey CARMELITA V. CASEY	DATE 4-16-04	DAYTIME PHONE # 772-344-9688
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