

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90060 008 \*\*\*150.00

DOCUMENT # P99000019391

1. Entity Name  
**CHEM-KLEAN CORP.**



Principal Place of Business

2022 SW 148TH AVE  
 MIRAMAR, FL 33027 US

Mailing Address

P.O. BOX 821263  
 PEMBROKE PINES, FL 33082-1263 US



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0897343** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, GREGORIO N  
 2022 SW 148TH AVE  
 MIRAMAR, FL 33027

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RAMOS, GREGORIO N
STREET ADDRESS	2022SW 148TH AVE.
CITY- ST -ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
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 all other like empowered.

SIGNATURE: *Gregorio N Ramos*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/08

Date

Daytime Phone #