

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003508

FILED  
Aug 05, 2009  
Secretary of State

Entity Name: X-PRESS CLEANING SOLUTIONS, INC.

**Current Principal Place of Business:**

516 SARASOTA DR  
ALPHARETTA, GA 30022

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2026  
SUWANEE, GA 30024

**New Mailing Address:**

FEI Number: 20-3979685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVERA, MARIA S  
180-203MANGROVE BAY CT  
OCOOEE, FL 34761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CVCD ( ) Delete  
Name: BRIARTON, VALENTINA  
Address: 516 SARASOTA DR  
City-St-Zip: ALPHARETTA, GA 30022

Title: PVPS ( ) Delete  
Name: BRIARTON, VALENTINA  
Address: 516 SARASOTA DR  
City-St-Zip: ALPHARETTA, GA 30022

Title: T ( ) Delete  
Name: BRIARTON, VALENTINA  
Address: 516 SARASOTA DR  
City-St-Zip: ALPHARETTA, GA 30022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALENTINA BRIARTON

CVCD

08/05/2009

Electronic Signature of Signing Officer or Director

Date