

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17820

FILED
May 18, 2007
Secretary of State

Entity Name: CLEARVIEW CLEANING CONTRACTORS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

6440 SW 42 ST
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

PO BOX 16815
PLANTATION, FL 33318

New Mailing Address:

6440 SW 42 ST
DAVIE, FL 33314

FEI Number: 59-2621722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, MAXINE
10404 N.W. 5TH STREET
PLANTATION, FL 33324 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: PD () Delete
Name: DORN, MAXINE,
Address: 10404 N.W. 5TH STREET
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DORN, MAXINE,
Address: 10404 N.W. 5TH STREET
City-St-Zip: PLANTATION, FL 33324

Title: VP () Change (X) Addition
Name: DORN, CRAIG,
Address: 6422 CHAMPLAIN TERRACE
City-St-Zip: DAVIE, FL 33331

Title: VP () Change (X) Addition
Name: DORN, DAVID,
Address: 10309 N.W. 6TH STREET
City-St-Zip: PLANTATION, FL 33324

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: MAXINE DORN

P/D

05/18/2007

Electronic Signature of Signing Officer or Director

_____ Date