DOCU	MENT # P0000009174	9	37	FILED
FINEST ÇLEANING SERVICE, INC.				01 OCT 16 PM 12: 55
3051 S.W. 84TH COURT 3051		Mailing Address 3051 S.W. 847 MIAMI FL	TH COURT 33155	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3. I		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 65-1042447 Not Applicable
Zip .	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
	CABANAS, HECTOR 3051 S.W. 84TH MIAMI FL 33155		Strect	of Address (P.O. Box Number is Not Acceptable)
	MIAMI LE 33133		City	FL Zip Code
9. This corporation is eligible to satisfy its Intancible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee will be Make Check Payable to Department and elects to do so.  Make Check Payable to Department and elects to do so.  11.				a \$550.00 Trust Fund Contribution Added to Fees
HALLE STREET ADORESS:	PSD CABANA, HECTOR 3051 S.W. 84TH COURT MIAMI FL 33155	Delete	TITLE NAME STREET FORRESS CITY-ST ZIP	Change Addition
HAME STREET ADDRESS CITY STATE	VD ALVAREZ, SHEILA C 3051 S.W. 84TH COURT MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100004549571 - Addison September 10/23/01-01034-003
THE HAME STREET ADDRESS CHY-ST-ZIP	33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE TIAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
THIE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THILE NAME STREET ADDRESS CITY-ST ZIP	Change Addries
THLE HAMAE GENEEL ADDRESS DUTY-ST-ZIP	pertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tated in Section 119.07(3)(i). Florida Statutes. I further certify that the informations

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or process 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

AMM. ANDY

Finest deaning Service, Inc

To who is my concern

this is to inform you that we sent

the check back to you but Look Like

15 Lost in the mail they said to

Sent a letter with Another check.

This is the check you Have the Papers

Please correct this problems 5000.

SINCERELY YOURS. SHELLA ALUANEZ VICE- President

annual Report

O1 DOT 16 MI II: 14