


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000054329
 1. Entity Name
 PAT'S CLEANING SERVICE CORPORATION



| | |
|---|---|
| Principal Place of Business 1700 NW 104TH AVE CORAL SPRINGS, FL 33071 | Mailing Address 1700 NW 104TH AVE CORAL SPRINGS, FL 33071 |
|---|---|

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-1119682 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CASANAS, CLAUDIA
 1700 NW 104TH AVE
 CORAL SPRINGS, FL 33071

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000143773
 04/30/04-80105-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD CASANAS, CLAUDIA 1700 NW 104TH AVE CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD CASANAS, MARCOS 1700 NW 104TH AVE CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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

SIGNATURE: Claudia Casanas PRESIDENT Date: 04/22/04 Daytime Phone #: (954) 796-6029