


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90093 044 \*\*\*150.00

**DOCUMENT # P02000033076**

1. Entity Name  
**CLEANING FLORIDA SERVICE CORPORATION**



Principal Place of Business  
**1851-3 CARALEE BLVD.  
ORLANDO, FL 32822**

Mailing Address  
**1851-3 CARALEE BLVD.  
ORLANDO, FL 32822**

2. Principal Place of Business - No P.O. Box #  
**7130 S. ORANGE BLOSSOM TRAIL**

3. Mailing Address  
**7130 S. ORANGE BLOSSOM TRAIL**

Suite, Apt. #, etc.  
**SUITE 120**

Suite, Apt. #, etc.  
**SUITE 120**

City & State  
**ORLANDO, FL**


City & State  
**ORLANDO, FL**

Zip  
**32809**

Country  
**U.S.**

Zip  
**32809**

Country  
**U.S.**



01232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**45-0474617**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VILLARREAL, MANUEL  
1851-3 CARALEE BLVD.  
ORLANDO, FL 32822**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: **01/23/06**

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>VILLARREAL, MANUEL H</b> <b>1851-3 CARALEE BLVD.</b> <b>ORLANDO, FL 32822</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **01/23/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #