


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 24 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 702000036595  
1. Entity Name  
**Golden cleaning Solutions INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>12045 s.w 14 street</b>		3. Mailing Address <b>12045 s.w 14 street</b>	
Suite, Apt. #, etc. <b>106 Building</b>		Suite, Apt. #, etc. <b>106 Building</b>	
City & State <b>Pembroke Pines, FL</b>		City & State <b>Pembroke Pines, FL</b>	
Zip <b>33025</b>	Country <b>USA</b>	Zip <b>33025</b>	Country <b>USA</b>

500023799025  
10/15/03 010045-007-000550.00  
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>03-0419614</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Jose R. MAZARIEGOS**

Street Address (P.O. Box Number is Not Acceptable):  
**12045 s.w 14 street**

City: **Pembroke Pines** FL Zip Code: **33025**

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: *[Signature]* **Jose R. Mazariegos** DATE: **10/3/03**

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Jose R. MAZARIEGOS 12045 SW 14 street Pembroke Pines, FL 33025</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **10/3/03** DAYTIME PHONE #: **(786) 208-5967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

9/10/03