APR-29-05 SAT 12:58 PM INDEPENDENT TAX

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90411 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028701

1. Entity Name
P.A. CLEANING SERVICES, INC.

14014094

Principal Place of Business	Mailing Address
3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027	3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027
2. Principal Place of Business: 4106 SW 159 AVE	3. Mailing Address: 4106 SW 159 AVE
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: Miramar FL	City & State: Miramar FL
Zip: 33027 Country	Zip: 33027 Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number: 03-0510757 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMENAR, PEDRO
3741 S.W. 160 AVENUE SUITE 207
MIRAMAR, FL 33027

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 X ______ 04/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALMENAR, PEDRO		NAME	
STREET ADDRESS	3741 S.W. 160 AVENUE SUITE 207		STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: X ______ 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #