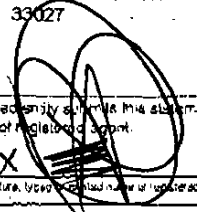
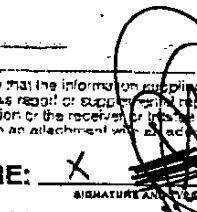


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90411 005 ***150.00

DOCUMENT # P03000028701			
1. Entry Name P.A. CLEANING SERVICES, INC.			
Principal Place of Business 3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027		Mailing Address 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		Zip 33027	
Country		Country	
4. FEI Number 03-0510757		Applied For No: Applicable	
5. Certificate of Status Desired ☐		58.75 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 this State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 04/29/05	
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 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMENAR, PEDRO 3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplement 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 liquidator 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 addresses with other user designated.			
SIGNATURE: 		DATE: 04/29/05	
SIGNATURE AND TITLE OF PRINTED NAME OF CHAIRMAN OFFICER OR DIRECTOR		Date	

14014034



04282005 Chg-P CR2E034 (10/03)