


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 047 ***158.75

DOCUMENT # P03000061171

1. Entity Name
SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC.



Principal Place of Business
12555 ORANGE DRIVE
3A
FORT LAUDERDALE, FL 33330

Mailing Address
12555 ORANGE DRIVE
3A
FORT LAUDERDALE, FL 33330

2. Principal Place of Business
10 CENTRAL PARKWAY

3. Mailing Address
10 CENTRAL PARKWAY

Suite, Apt. #, etc. **STA 309**

Suite, Apt. #, etc. **STA 309**

City & State **STUART, FL**

City & State **STUART, FL**

Zip **34994** Country **EUA**

Zip **34994** Country **EUA**



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
68-0561580

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROBLES, MARCIA A
12555 ORANGE DRIVE, #3-A
FORT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent

Name **ROBLES MARCIA A**

Street Address (P.O. Box Number is Not Acceptable)
173 NW SWANN MILL CIRCLE

City **PORT ST LUCIE** **FL** Zip Code **34986**

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 **MARCIA A ROBLES**

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 IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBLES, MARCIA A		NAME ROBLES MARCIA A	
STREET ADDRESS 12555 ORANGE DRIVE, #3-A		STREET ADDRESS 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL	
CITY-ST-ZIP FORT LAUDERDALE, FL 33330		CITY-ST-ZIP ZIP 34986	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VELAZQUEZ, LUIS T		NAME VELAZQUEZ, LUIS T	
STREET ADDRESS 12555 ORANGE DRIVE, #3-A		STREET ADDRESS 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL	
CITY-ST-ZIP FORT LAUDERDALE, FL 33330		CITY-ST-ZIP ZIP 34986	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: **MARCIA A ROBLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 **786-412-2342**

Date Daytime Phone #