

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083883

**FILED**  
**May 13, 2005**  
**Secretary of State**

**Entity Name:** ALL CLEANING CARE SPECIALISTS, INC.

**Current Principal Place of Business:**

6553 GROSVENORLANE  
ORLANDO, FL 32835

**New Principal Place of Business:**

64 PINE FOREST PLACE  
APOPKA, FL 32712

**Current Mailing Address:**

6553 GROSVENORLANE  
ORLANDO, FL 32835

**New Mailing Address:**

64 PINE FOREST PLACE  
APOPKA, FL 32712

**FEI Number:** 74-3101091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARZON, SANDRA  
6553 GROSVENORLANE  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

GARZON, SANDRA  
64 PINE FOREST PLACE  
APOPKA, FL 32712 US

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.

SIGNATURE: SANDRA GARZON

05/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARZON, SANDRA  
Address: 6553 GROSVENOR LANE  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARZON, SANDRA  
Address: 64 PINE FOREST PLACE  
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Change (X) Addition  
Name: RIOS, CARLOS A  
Address: 64 PINE FOREST PLACE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA GARZON

P

05/13/2005

Electronic Signature of Signing Officer or Director

Date