

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 025 ***150.00

DOCUMENT # P03000106763

1. Entity Name
PERFECT CHOICE CLEANING SERVICES, INC.



Principal Place of Business
**2350 NE 14TH ST STE 315
POMPANO BCH, FL 33062**

Mailing Address
**2350 NE 14TH ST STE 315
POMPANO BCH, FL 33062**

14000876



DO NOT WRITE IN THIS SPACE

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0483323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRONCONE, MONIQUE CHANGE AGENT
499 E PALMETTO PK RD STE 207
BOCA RATON, FL 33432
MARIA R. GALLEGO
2350 NE 14 STREET STE 315
POMPANO BEACH FL 33062

**DO NOT WRITE
IN THIS SPACE**

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, 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

TITLE	DP
NAME	GALLEGO, MARIA R
STREET ADDRESS	2350 NE 14TH ST STE 315
CITY-ST-ZIP	POMPANO BCH, FL 33062
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	

**DO NOT WRITE
IN THIS SPACE**

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: MARIA R. GALLEGO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-05 954-785-5393
Date Daytime Phone #