2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90029 036 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000140258

1. Entity Name
HIGH CLASS CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
4900 BAYVIEW DR # 11 FT LAUDERDALE FL 33308	4900 BAYVIEW DR # 11 FT LAUDERDALE FL 33308

2. Principal Place of Business	3. Mailing Address
4900 BAYVIEW DR#	4900 BAYVIEW DR#
Suite, Apt. #, etc. APT # 11	Suite, Apt. #, etc. APT # 11
City & State Ft. LAUDERDALE	City & State Ft. LAUDERDALE
Zip 33308 Country BROWARD	Zip 33308 Country BROWARD

4. FEI Number 20-0418389 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 1261 E SAMPLE RD
City POMPANO BCH FL Zip Code 33064

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] Pres. 03/02/2004
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARROS, LIGIA VIEIRA		NAME	
STREET ADDRESS	4900 BAYVIEW DR # 11		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUZA, AMILTON		NAME	
STREET ADDRESS	4900 BAYVIEW DR # 11		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		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
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 an address, with all other like empowered.

SIGNATURE: [signature] 03/02/2004 (954)309-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #