## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 27, 2008 8:00 am Secretary of State

1. Erslay Name FRESH-N-CLEAN CLEANING SERVICE, INC.						05-01-2008	90247 04	0 ***15	50.00	
Principal Place of Business 8575 NW 3RD STREET CORAL SPRINGS, FL 33071		Mailing Address 8575 NW 3RD STREET CORAL SPRINGS, FL 33	•		660	12208 161111111111	ia 1122 <u>1112</u> 7331	i feyi iron iy	F1721 A (3-8)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192008	Chg-P	CR2E034			
City & State	<u>-</u>	City & State			4. FEI Numb	-15989	59	No	oplied For or Applicable	
Ζip	Country	Zip	Count	try 	<u>}</u>	of Status Desired	Fe	8.75 Add se Require		
	6. Name and Address of Cur	rrent Registered Agent		Name -	7. Name and	Address of New R	legistered Ag	ent		
CRUZ, EDWARD 8575 NW 3RD STREET				Street Address (	(P.O. Box Numb	er is Not Acceptable	<del></del>			
COKAL 21	PRINGS, FL 33071		ļ				•			
				City			FL	Zip Code	0	
	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, hyped or printed name of registered	od agent and tale il applicable. (NOTE	E: Pegaterer	d Agent signature required	d when runwang)		DATE		<del></del>	
FILE NOWIL! FEE IS \$150.00  After May 1, 2008 Fee will be \$560.00  9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.   Added to Fees										
10.		S AND DIRECTORS	11.	<del></del>	ADDITIONS	CHANGES TO OFF				
TITLE NAME STREET AUDRESS CITY-ST-ZIP						·	ι	] Change	∏ Add3ion	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	DIR Delete TITL PADILLA, SHARON NAM 8575 NW 3RD STREET STR					-	C	_ Change	Addition	
TITLE PRAKE STREET ADDRESS CITY-ST-ZP	MAA Stri			L.	•		E	Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE MAME STREET ADDRESS CITY-SY-ZIP		C) Delete		1				Change	☐ Addition	
TITLE HAME STREET ADDRESS CITY-SI-ZP		☐ Delete	1				C	Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 diffector of the corporation or the receiver or trustee empowered to execute this teport 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 aptoress, with all other like empowered.										
SIGNATURE: SCHATURE AND TYPED OR PROTED HAVE OF SIGNADO OFFICEN OR DIRECTOR Date Of Director or Direct										