


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mathams**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000047039 (8)**  
 1. Corporation Name  
**ANGEL'S SQUEAKY CLEANING SERVICES INC.**



Principal Place of Business Mailing Address  
**50 W. 50 ST. HIALEAH FL 33012**      **50 W. 50 ST. HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**06/04/1996**

4. FEI Number Applied For  
**65-0668569** Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CASTELLANOS, ODALYS**  
**50 W. 50 ST.**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **Machado, Odalys**

82 Street Address (P.O. Box Numbers Not Acceptable)  
**50 W. 50 ST.**

83

84 City **Hialeah** FL 85 Zip Code **33012**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]*

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CASTELLANOS, ODALYS</b>	
STREET ADDRESS	<b>50 W. 50 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTINEZ, ISMAR</b>	
STREET ADDRESS	<b>50 W. 50 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MACHADO, ORLANDO</b>	
STREET ADDRESS	<b>50 W. 50 ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Machado, Odalys</b>	
1.3 STREET ADDRESS	<b>50 W. 50 ST.</b>	
1.4 CITY-ST-ZIP	<b>Hialeah, FL. 33012</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *[Signature]* *[Signature]* **31486 (205) 267-0009**

CR2E034 (10/97)