


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90277 039 ***158.75

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1. Entity Name
SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC.



94076862

Principal Place of Business
**6011 BLACK PLUM COURT
TAMARAC, FL 33321**

Mailing Address
**6011 BLACK PLUM COURT
TAMARAC, FL 33321**



2. Principal Place of Business
12555 ORANGE DRIVE

Suite, Apt. #, etc.
3-A

3. Mailing Address
12555 ORANGE DRIVE

Suite, Apt. #, etc.
3-A

04272004 Chg-P CR2E034 (10/03)

City & State
DAVIE, FL

Zip
33330

Country
USA

4. FEI Number
68-0561580

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**ROBLES, MARCIA A.
6011 BLACK PLUM COURT
TAMARAC, FL 33321**

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

7. Name and Address of New Registered Agent

Name
ROBLES, Marcia A.

Street Address (P.O. Box Number is Not Acceptable)
12555 ORANGE DRIVE, # 3-A

City
DAVIE

FL

Zip Code
33330

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: *Marcia Robles* **04-27-04**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	<input type="checkbox"/> Delete	TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBLES, MARCIA A		NAME MARCIA A. ROBLES	
STREET ADDRESS 6011 BLACK PLUM COURT		STREET ADDRESS 12555 ORANGE DRIVE, #3-A	
CITY-ST-ZIP TAMARAC, FL 33321		CITY-ST-ZIP DAVIE, FL 33330	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *Luis Velasquez* **04-27-04** **(954) 862-1759**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #