

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 047 ***158.75

DOCUMENT # P03000061171					
1. Entity Name SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC.					
Principal Place of Business 12555-ORANGE DRIVE 3A FORT LAUDERDALE, FL 33330			Mailing Address 12555-ORANGE DRIVE 3A FORT LAUDERDALE, FL 33330		
2. Principal Place of Business 10 CENTRAL PARKWAY		3. Mailing Address 10 CENTRAL PARKWAY			
Suite, Apt. #, etc. ST# 309		Suite, Apt. #, etc. ST# 309		04262005 Chg-P CR2E034 (10/03)	
City & State STUART, FL		City & State STUART, FL		4. FEI Number 68-0561580	
Zip 34994 Country EUA		Zip 34994 Country EUA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
ROBLES, MARCIA A 12555-ORANGE DRIVE, #3-A FORT LAUDERDALE, FL 33330				7. Name and Address of New Registered Agent	
Name ROBLES MARCIA A				Street Address (P.O. Box Number is Not Acceptable) 173 NW SWANN MILL CIRCLE	
City PORT ST LUCIE FL Zip Code 34986					
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 <u>X MARCIA A ROBLES</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBLES, MARCIA A 12555-ORANGE DRIVE, #3-A FORT LAUDERDALE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBLES MARCIA A 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL ZIP 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, LUIS T 12555-ORANGE DRIVE, #3-A FORT LAUDERDALE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, LUIS T 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL ZIP 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X MARCIA A ROBLES			04/25/05 786-412-2342		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		