


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
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2. Principal Place of Business 10 CENTRAL PARKWAY	3. Mailing Address 10 CENTRAL PARKWAY
Suite, Apt. #, etc. STA 309	Suite, Apt. #, etc. STA 309

City & State STUART, FL	City & State STUART, FL
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Zip 34994	Country EUA	Zip 34994	Country EUA
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04262005 Chg-P CR2E034 (10/03)

4. FEI Number 68-0561580	Applied For <input type="checkbox"/> 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
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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 A ROBLES**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	VP ROBLES, MARCIA A 12555 ORANGE DRIVE, #3-A FORT LAUDERDALE, FL 33330 <input type="checkbox"/> Delete	TITLE VP	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
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
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
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
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: **MARCIA A ROBLES** **04/25/05** **786-412-2342**

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