


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 036 ***158.75

DOCUMENT # P03000061171	
1. Entity Name SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC.	

Principal Place of Business 10 CENTRAL PARKWAY STE 309 STUART, FL 34994	Mailing Address 10 CENTRAL PARKWAY STE 309 STUART, FL 34994
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40087539



2. Principal Place of Business 10 SE CENTRAL PKWY Suite, Apt. #, etc. 440	3. Mailing Address 10 SE CENTRAL PKWY Suite, Apt. #, etc. 440
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04282006 Chg-P CR2E034 (11/05)

City & State STUART, FL	City & State STUART, FL
Zip 34994	Country USA

4. FEI Number 68-0561580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBLES, MARCIA A 173 NW SWANN MILL CIRCLE PORT SAINT LUCIE, FL 34986	
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7. Name and Address of New Registered Agent Name ROBLES, MARCIA A. Street Address (P.O. Box Number is Not Acceptable) 10 SE CENTRAL PKWY # 440 City STUART FL Zip Code 34994	
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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 Robles	DATE 04-28-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBLES, MARCIA A ✓ 173 NW SWANN MILL CIRCLE PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELASQUEZ, LUIS T <input type="checkbox"/> Delete 173 NW SWANN MILL CIRCLE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBLES, MARCIA A ✓ 10 SE CENTRAL PKWY # 440 STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. VELASQUEZ, LUIS T ✓ 10 SE CENTRAL PKWY # 440 STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Robles	DATE: 04-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	