


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 Mailing Address

**10 CENTRAL PARKWAY
 STE 309
 STUART, FL 34994**

**10 CENTRAL PARKWAY
 STE 309
 STUART, FL 34994**

40087539



2. Principal Place of Business 3. Mailing Address

10 SE CENTRAL PKWY **10 SE CENTRAL PKWY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

440 **440**

04282006 Chg-P CR2E034 (11/05)

City & State City & State

STUART, FL **STUART, FL**

Zip Country Zip Country

34994 **USA** **34994** **USA**

4. FEI Number Applied For

68-0561580 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBLES, MARCIA A
 173 NW SWANN MILL CIRCLE
 PORT SAINT LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name: **ROBLES, MARCIA A.**

Street Address (P.O. Box Number is Not Applicable): **10 SE CENTRAL PKWY # 440**

City: **STUART** State: **FL** Zip Code: **34994**

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.**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBLES, MARCIA A ✓	
STREET ADDRESS	173 NW SWANN MILL CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	P	<input type="checkbox"/> Delete
NAME	VELASQUEZ, LUIS T	
STREET ADDRESS	173 NW SWANN MILL CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBLES, MARCIA A	
STREET ADDRESS	10 SE CENTRAL PKWY # 440	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASQUEZ, LUIS I.	
STREET ADDRESS	10 SE CENTRAL PKWY # 440	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Date Daytime Phone #