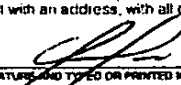


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90027 017 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                                            |                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000123551</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                            |                                                                       |  |  |
| 1. Entity Name<br><b>AVS CLEANING CONCEPTS, CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                            |                                                                       |                                                                                   |  |
| Principal Place of Business<br><b>14621 SW 114 TERRACE<br/>MIAMI, FL 33186 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                                                            | Mailing Address<br><b>14621 SW 114 TERRACE<br/>MIAMI, FL 33186 US</b> |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                            | 3. Mailing Address                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                                                            | Suite, Apt. #, etc.                                                   |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                            | City & State                                                          |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                       | Zip                                                                                                                        | Country                                                               | 4. FEI Number<br><b>26-1415223</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                            |                                                                       | Applic For<br>Not Applicable                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>VIAMONTES, ALBERTO<br/>14621 SW 114 TERRACE<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                            | 7. Name and Address of New Registered Agent                           |                                                                                   |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                            | Name                                                                  |                                                                                   |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                            | Street Address (P.O. Box Number is Not Acceptable)                    |                                                                                   |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                            | City                                                                  |                                                                                   |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                            | Zip Code                                                              |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when transferring)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                            |                                                                       |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                                       |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>VIAMONTES, ALBERTO<br/>14621 SW 114 TERRACE<br/>MIAMI, FL 33186</b>  | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>VIAMONTES, LOURDES<br/>14621 SW 114 TERRACE<br/>MIAMI, FL 33186</b> | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                                            | 2-15-2008 305-281-4273                                                |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                                                            | <small>Date Daytime Phone #</small>                                   |                                                                                   |  |