DOCUMENT# P12000039856			Apr 29, 2	
Entity Name: EC CLEANING SERVICE OF CENTRAL FLORIDA INC			Secretary of CC986863	
905 SYCAMOR	ICIPAL Place of Business: E LANE PRINGS, FL 32714		6690000	0030
Current Mai	ling Address:			
905 SYCAM ALTAMONT	ORE LANE E SPRINGS, FL 32714 US			
FEI Number: 46-2075500			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
YIDI, CECILIA 905 SYCAMOR ALTAMONTE S	E LANE PRINGS, FL 32714 US			
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE			0.	1/29/2017
			02	Date
	Electronic Signature of Registered Agent		02	Date
Officer/Dire	Electronic Signature of Registered Agent			Dale
Officer/Dire	Electronic Signature of Registered Agent	Title	VP	Dale
	Electronic Signature of Registered Agent	Title Name		Date
Title	Electronic Signature of Registered Agent ctor Detail : P		VP	Date
Title Name Address	Electronic Signature of Registered Agent ctor Detail : P YIDI, CECILIA	Name Address	VP YIDI, EDWARD	Date
Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P YIDI, CECILIA 905 SYCAMORE LN	Name Address	VP YIDI, EDWARD 905 SYCAMORE LANE	Date
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P YIDI, CECILIA 905 SYCAMORE LN ALTAMONTE SPRINGS FL 32714	Name Address City-State-Zip:	VP YIDI, EDWARD 905 SYCAMORE LANE ALTAMONTE SPRINGS FL 32714	Date
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P YIDI, CECILIA 905 SYCAMORE LN ALTAMONTE SPRINGS FL 32714 TREASURER	Name Address City-State-Zip: Title	VP YIDI, EDWARD 905 SYCAMORE LANE ALTAMONTE SPRINGS FL 32714 TRUSTEE	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CECILIA YIDI

PRESIDENT

City-State-Zip: ALTAMONTE SPGS FL 32714

04/29/2017 Date

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED