

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014388

Entity Name: COMMERCIAL PAY VACUUMS, INC.**Current Principal Place of Business:**8510 N.W. 56TH STREET
DORAL, FL 33166**Current Mailing Address:**8510 N.W. 56TH STREET
DORAL, FL 33166**FEI Number:** 65-0924075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERDIE, AINSLEE R
717 PONCE DE LEON BOULEVARD
STE 215
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP
Name VILCHES, JONATHAN
Address 8472 NW 56 STREET
City-State-Zip: MIAMI FL 33166Title SD
Name VILCHES, JUAN
Address 8472 NW 56 ST
City-State-Zip: MIAMI FL 33166Title T
Name VILCHES, ELDA
Address 8472 NW 56 ST
City-State-Zip: MIAMI FL 33166Title AS
Name VILCHES, PRISCILLA
Address 8472 NW 56 ST
City-State-Zip: MIAMI FL 33166

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: PRISCILLA VILCHES**TREASURER****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date