

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 022 ***150.00

DOCUMENT # G26959					
1. Entity Name IMPERIAL CLEANING SERVICES, INC.					
Principal Place of Business % OSCAR HERNANDEZ, JR. 335 W. 62 STREET HIALEAH, FL 33012			Mailing Address % OSCAR HERNANDEZ, JR. 335 W. 62 STREET HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2277951	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, OSCAR, JR. 335 W. 62 STREET HIALEAH, FL			7. Name and Address of New Registered Agent		
			Name ILEANA ALVAREZ		
			Street Address (P.O. Box Number is Not Acceptable) 335 W 62ND STREET		
			City HIALEAH FL Zip Code 33012		
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 <i>Ileana Alvarez</i>				DATE 3/21/05	
Signature in typed or printed name of registered agent and title if applicable.				DATE: Registered Agent Signature required when reinstating	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, OSCAR, JR.		NAME	ILEANA ALVAREZ	
STREET ADDRESS	335 W. 62 ST.		STREET ADDRESS	335 W 62ND ST.	
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, ILIANA		NAME	ANAELY ALVAREZ	
STREET ADDRESS	335 W 62 ST.		STREET ADDRESS	335 W 62ND ST	
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ileana Alvarez</i>				DATE: 3/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	