

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

"AMENDMENT"

FILED

DOCUMENT # L60471

1. Entity Name

A-1 KLEANING KLINIC, INC.



04 MAY 20 AM 11:56

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business

7219 BENJAMIN ROAD
SUITE E
TAMPA FL 33634
US

Mailing Address

P.O. BOX 15792
TAMPA FL 33684-5792
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2521316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LIGORI, DINA
7219 BENJAMIN ROAD
SUITE E
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

LIGORI, DINA
7219 BENJAMIN ROAD, SUITE E
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

VP
BADE, CHRISTINA
7219 BENJAMIN RD #E
TAMPA FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I also certify that my name and address have not changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MY COMMISSION # CC 957815
EXPIRES: September 28, 2004
Bonded Thru Notary Public Underwriters



SHIRLEY D. KING
MY COMMISSION # CC 957815
EXPIRES: September 28, 2004
Bonded Thru Notary Public Underwriters