2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L70856

1. Entity Name

AMERICA CLEANING SERVICE, INC.

FILED
05-01-2006 90313 036 ***163.75
06 JUN -5 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
129 KELLER DRIVE PALM SPRINGS FL 33461 US	129 KELLER DRIVE PALM SPRINGS FL 33461 US

2. Principal Place of Business	3. Mailing Address
5058 CANAL CIRCLE EAST	5058 CANAL CIRCLE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, Fl.	City & State: LAKE WORTH, Fl.
Zip: 33467 Country: U.S.A.	Zip: 33467 Country: U.S.A.

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0188867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, JOSE
129 KELLER DRIVE
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

Name: JOSE ROMAN
Street Address (P.O. Box Number is Not Acceptable): 5058 CANAL CIRCLE EAST
City: LAKE WORTH FL Zip Code 33467

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] JOSE ROMAN 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, JOSE 129 KELLER DRIVE PALM SPRINGS FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE ROMAN 5058 CANAL CIRCLE EAST. LAKE WORTH, Fl. 33467	☑ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JC 6/9	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] JOSE ROMAN 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #