FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:42

DOCUMENT # **M09373** **(5)**

1. Corporation Name
CLEANING PLUS SERVICES INC.

Principal Place of Business	Mailing Address
15920 SEDGEWYCK CIR SUOTH DAVIE FL 33331 US	6073 NW 167TH STREET UNIT C-6 MIAMI LAKES FL 33015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2485436 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GONSALVES, MEGAN
15920 SEDGEWYCK CIR
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	GONSALVES, NOEL O.	
STREET ADDRESS	15920 SEDGEWYCK CIR SUOTH	
CITY ST ZIP	DAVIE FL	
TITLE	DS	[ ] Change [ ] Addition
NAME	GONSALVES, MEGAN	
STREET ADDRESS	15920 SEDEGWYCK CIR SOUTH	
CITY ST ZIP	DAVIE FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N. Gonsalves — 01-10-95 — 305-823-66[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008471 CP