


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M17820
 1. Entity Name
CLEARVIEW CLEANING CONTRACTORS OF BROWARD COUNTY, INC.



Principal Place of Business 6440 SW 42 ST DAVIE, FL 33314	Mailing Address PO BOX 16815 PLANTATION, FL 33318
---	---

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2621722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DORN, MAXINE
 10404 N.W. 5TH STREET
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORN, MAXINE 10404 N.W. 5TH STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000438481
 03/01/06-80008-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Maxine Dorn **MAXINE DORN** 2-13-06 954-584-4838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #