

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17820

**FILED**  
**May 18, 2007**  
**Secretary of State**

**Entity Name:** CLEARVIEW CLEANING CONTRACTORS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

6440 SW 42 ST  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16815  
PLANTATION, FL 33318

**New Mailing Address:**

6440 SW 42 ST  
DAVIE, FL 33314

FEI Number: 59-2621722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DORN, MAXINE  
10404 N.W. 5TH STREET  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DORN, MAXINE,  
Address: 10404 N.W. 5TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: DORN, MAXINE,  
Address: 10404 N.W. 5TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Change (X) Addition  
Name: DORN, CRAIG,  
Address: 6422 CHAMPLAIN TERRACE  
City-St-Zip: DAVIE, FL 33331

Title: VP ( ) Change (X) Addition  
Name: DORN, DAVID,  
Address: 10309 N.W. 6TH STREET  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE DORN

P/D

05/18/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date