2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P00000013566 1. Entity Name 04-06-2004 90022 012 ***150.00 G.F. CLEANING, CORP. Principal Place of Business Mailing Address 2651 ROCK ISLAND RD.,#207 MARGATE FL 33063 2651 ROCK ISLAND RD.,#207 MARGATE FL 33063 3. Mailing Address C 2. Principal Place of Business atalina Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For -4 65-0987928 Not Applicable amarac marac Country Country \$8.75 Additional 5. Certificate of Status Desired 3 <u> ろ</u>る USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, JANETH FRANCO Street Address (P.O. Not Acceptable) 2651 ROCK ISLAND RD.,#207 650 MARGATE FL 33063 Marac 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 age 4-2-04 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. esident Change Addition ☐ Delete TITLE TITLE **GUTIERREZ, JANETH FRANCO** NAME NAME runco 2651 ROCK ISLAND RD.,#207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP Delete TITLE **Change** ☐ Addition TITLE GUTIERREZ, OSCAR NAME NAME STREET ADDRESS 2651 ROCK ISLAND RD., #207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED