2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

4/29.

DOCUMENT # P00000021932			04-29-2004 90299 048 ***150.00
A-1 SUPERIOR CLEANING SYSTEM,	INC.		
Principal Place of Business + Hailing	Mailing Address		1
11338 SW 184 ST ALWS . 8181 NW 36TH STREET MIAMI FL 33157			66426635
о П	Mirani FL 83166		אידור ה ומפותיו פוונו מפופן פופה נאשה הייבו אופה הייבו היובה הייבו הייבו הייבו הייבו ומפופון ב
2. Principal Place of Business :	3. Mailing Address		
1		·	
Suite, Apt. #, etc.		·	MOORE CR2E034 (11/03)
City & State	City & State		4. FEI Number 65-0986212 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		Nama	7. Name and Address of New Registered Agent
HERNANDEZ, ARMANDO		Name	
11338 S.W 184TH ST MIAMI FL-33157		Street Address	s (P.O. Box Number is Not Acceptable)
141741411 1 2 33 137			
		City	FL Zip Code
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 Spread of puriled name of registered agen	GIOTE:	Registered Agent signature requi	red when ronstating) DATE
FILE NOW!!! FEE IS \$150.00	Table Medical Control	regarded room agrature requi	an mater inscharable
After May 1 2004 Fee will be \$550.00 Make Check Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND	2,726,87,479	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD HERNANDEZ, ARMANDO	Defete	TITLE NAME	Change Addition
STREET ADDRESS 11338 SW 184TH		STREET ADDRESS	û .
CITY-SI-ZIP ST MIAMI FL 33157		CITY-ST-ZIP	Charge Claddiin
TITLE I I	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
-NAME	· ••	HAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS	
TITLE		CITY-ST-ZIP	
MANE	☐ Defete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	☐ Delete		☐ Change ☐ Addition
•	☐ Delste	TITLE NAME	☐ Change ☐ Addilion
STIFEET ADDRESS CITY-ST-ZIP TITLE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Addition
STIFEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
STIFEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	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	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Legreby certify that the information supplied w	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Legreby certify that the information supplied w	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied windicated on this report or supplierprental leport of the corporation or the receiver trustee emission changed, or on an attachment with an address	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Section 119 07(3)(i). Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied windicated on this report or supplemental leport of the corporation or the receive or trustee emichanged, or on an attachment with an address SIGNATURE:	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in ry signature shall have the as required by Chapter 6	Change Addition Change Addition Change Addition



10140101035 800000001932

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

A-1 SUPERIOR CLEANING SYSTEM, INC. C/O ARMANDO HERNANDEZ 11338 SW 184TH ST MIAMI, FL 33157

SUBJECT: A-1 SUPERIOR CLEANING SYSTEM, INC.

Ref. Number: P00000021932

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 504A00036945