

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jul 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # P00000034352

1. Entity Name  
EXTRA FINE CLEANING SERVICES, INC.



Principal Place of Business  
4546 S. SEMORAN BLVD.  
SUITE 624  
ORLANDO, FL 32822

Mailing Address  
4546 S. SEMORAN BLVD.  
SUITE 624  
ORLANDO, FL 32822



05272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3641394

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTALVO, ELAINE  
4757 TERNSTONE AVE.  
ORLANDO, FL 32812

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

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MONTALVO, ELAINE 4757 TERNSTONE AVE. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MONTALVO, FANNY 8508 VALENCIA VILLAGE LN #202 ORLANDO, FL 32825
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U00000374605  
07/26/05-80007-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fanny Montalvo / Fanny Montalvo (VTD) 6-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #