

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000037373

1. Entity Name
RVM CLEANING SERVICE CORPORATION



**FILED
May 19, 2006 8:00 am
Secretary of State**

05-19-2006 90029 040 ***158.75

40093411



05162006 Chg-P CR2E034 (11/05)

Principal Place of Business 5463 ENCLAVE CROSSING WAY APT C-1 DELRAY BEACH, FL 33484	Mailing Address 5463 ENCLAVE CROSSING WAY APT C-1 DELRAY BEACH, FL 33484
2. Principal Place of Business 15095 Michaelangelo Blvd. Apt 205	3. Mailing Address 15095 Michaelangelo Blvd. Apt 205
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33446	Country USA

4. FEI Number 65-0998639	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VONMANNENBACH, RITTER 5463 ENCLAVE CROSSING WAY APT C-1 DELRAY BEACH, FL 33484	7. Name and Address of New Registered Agent Name RITTER VONMANNENBACH Street Address (P.O. Box Number is Not Acceptable) 15095 Michaelangelo Boulevard Apt 205 City Delray Beach FL Zip Code 33446
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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 the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when translating)

DATE

05/16/06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD VONMANNENBACH, RITTER 5463 ENCLAVE CROSSING WAY DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP P/V/D Ritter VonMannenbach 15095 Michaelangelo Blvd. Apt 205 Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VONMANNENBACH, RITTER 5463 ENCLAVE CROSSING WAY DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP S/T/D Ritter VonMannenbach 15095 Michaelangelo Blvd. Apt.205 Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ritter VonMannenbach* Ritter VonMannenbach, President 05/16/2006 954-798-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ mo/ Phone #