

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-19-2006 90029 040 ***158.75

DOCUMENT # P00000037373 1. Entity Name RVM CLEANING SERVICE CORPORATION					
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.			3. Mailing Address 15095 Michaelangelo Blvd.		
Suite, Apt. #, etc. Apt 205			Suite, Apt. #, etc. Apt 205		
City & State Delray Beach, FL			City & State Delray Beach, FL		
Zip 33446		Country USA		Zip 33446	
Country USA		4. FEI Number 65-0998639			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VONMASSENBACH, RITTER 5463 ENCLAVE CROSSING WAY APT C-1 DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name RITTER VONMASSENBACH Street Address (P.O. Box Number is Not Acceptable) 15095 Michaelangelo Boulevard Apt 205 City Delraybeach		
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.			DATE 05/16/06		
SIGNATURE <i>Ritter VonMassenbach</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			(NOTE: Registered Agent signature required when constituting)		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVD NAME VONMASSENBACH, RITTER STREET ADDRESS 5463 ENCLAVE CROSSING WAY CITY - ST - ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE P/V/D NAME Ritter VonMassenbach STREET ADDRESS 15095 Michaelangelo Blvd. Apt 205 CITY - ST - ZIP Delray Beach, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME VONMASSENBACH, RITTER STREET ADDRESS 5463 ENCLAVE CROSSING WAY CITY - ST - ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE S/T/D NAME Ritter VonMassenbach STREET ADDRESS 15095 Michaelangelo Blvd. Apt. 205 CITY - ST - ZIP Delray Beach, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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, 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 in an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ritter VonMassenbach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Ritter VonMassenbach, President 05/16/2006 954-798-2900 <small>Date Daytime Phone #</small>		

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