

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90062 006 ***150.00

DOCUMENT # P00000042026 1. Entity Name SOUTHEAST CLEANING, INC.			
Principal Place of Business 1472 NW 81 TER BLD -9 PLANTATION, FL 33322		Mailing Address 1472 NW 81 TER BLD -9 PLANTATION, FL 33322	
2. Principal Place of Business - No P.O. Box # 4530 NE 16th AVE		3. Mailing Address 4530 NE 16th AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Oakland Park FL		City & State Oakland Park FL	
Zip 33334		Zip 33334	
Country Broward		Country Broward	
4. FEI Number 65-1003869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, WILLIAM K 1472 NW 81 TER BLD -9 PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Miledy Figueroa Watson Street Address (P.O. Box Number is Not Acceptable) 4530 NE 16th AVE City Oakland Park FL Zip Code 33334	
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. Register Agent SIGNATURE Miledy Figueroa Watson <i>Miledy Figueroa Watson</i> 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WATSON, WILLIAM K 1472 NW 81 TER BLD -9 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Watson, William K. 4530 NE 16th AVE Oakland Park, FL 33334 <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
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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: <i>William K. Watson</i> William K. Watson		Date 4-16-08 Daytime Phone # 954-358-0244	