

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-13-2004 90130 001 \*\*\*150.00  
09-13-2004 90130 002 \*\*\*\*\*8.75  
P00000047710  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**



06112004 No Chg-P CR2E034 (10/03)

4. FEI Number **61-1000050** Applied For  
Not Applicable

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

**DOCUMENT # P00000047710**  
1. Entity Name  
**ALL PROFESSIONAL CLEAN INC.**



Principal Place of Business Mailing Address  
~~6150 SW 16TH ST.~~ ~~6150 SW 16TH ST.~~  
MIAMI, FL 33155 MIAMI, FL 33155

*I didn't receive the bill  
The new address is:  
9936 NW 47 TER ✓  
MIAMI, FL 33178*

6. Name and Address of Current Registered Agent  
VILLEGAS, JUAN C  
6150 SW 16TH ST. 9936 NW 47 TER  
MIAMI, FL 33155 MIAMI, FL 33178

**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]* DATE **8-31-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VILLEGAS, JUAN C
STREET ADDRESS	6150 SW 16TH ST. 9936 NW 47 TER
CITY-ST-ZIP	MIAMI, FL 33155 33178
TITLE	VTD
NAME	VILLEGAS, CLAUDIA
STREET ADDRESS	6150 SW 16TH ST. 9936 NW 47 TER
CITY-ST-ZIP	MIAMI, FL 33155 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: *[Signature]* Date **8-31-04** Daytime Phone # **205-5253786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

All Professional Clean Inc  
9936 NW 47<sup>th</sup> Terrace  
Miami, FL 33178  
(305) 260-0908

November 2, 2004

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Annual Report

Dear Sir or Madam,

As previously mentioned in a letter to your department our company has changed mailing and physical address and thus we never received the uniform business report from your department. In September 2004 I sent \$150.00 with the annual report printed from your department's system. After speaking with one of your representatives she informed me to write a letter to inform your office of the change in mailing and physical address, by doing so she informed me that your department would change my company's status to ACTIVE.

Your diligence in making corrective changes is much appreciated. Please don't hesitate to contact me at the above referenced phone number or mailing address.

Regards,



Juan C. Villegas  
President