## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR

## DOCUMENT # P000Q0085066 05-10-2005 90117 017 \*\*\*150.00 A PEACE OF MIND CLEANING SERVICE, INC. Principal Place of Business A PEACE OF MIND CLEANING SERVICE INC. 10 FAIRWAY DR., STE 138 DEERFIELD BEACH, FL 33441 50051334 10 FAIRWAY DR STE 138 DEERFIELD BEACH, FL 33441 3. Mailing Address A PEACE OF MIND CLEANING SERVICE INC. 10 FAIRWAY DR., STE 138 DEERFIELD BEACH, FL 33441 Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Cha-P JAM & Applied For City & State 4. FFI Number 65-1040623 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent / Registered Agent • A PEACE OF MIND CLEANING SERVICE INC. VASQUEZ, JORGE 10 FAIRWAY DR., STE 138 DEERFIELD BEACH, FL 33441 ٦. 10 FAIRWAY DR. ible) STE. 138 DEERFIELD BEACH, FL 33441 8. The above named entity submits this statement for the purpose of changing its registered office or register ed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE L Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME VASQUEZ, JORGE NAME STREET ADDRESS 10 FAIRWAY DRIVE, SUITE 138 STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-7IP CITY-ST-ZIP TITT F ☐ Delete Change nne ☐ Addition ERNESTINA, BRACERO NAME STREET ADDRESS 10 FAIRWAY DR., STE #138 STREET ADDRESS DEERFIELD BEACH, FL 33441 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 chapter does not a statement with an address. changed, or on an attachment with an address, with all other like **SIGNATURE:**

**FILED** 

May 10, 2005 8:00 am Secretary of State