


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90084 004 ***150.00

DOCUMENT # P00000095498	
1. Entity Name DETAIL CLEANING SERVICES, INC.	

Principal Place of Business 5400 SW 77 CT 2C MIAMI, FL 33155	Mailing Address 5400 SW 77 CT 2C MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # 5500 S.W. 77 CT	3. Mailing Address 5500 SW. 77 CT
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33155	Zip 33155
Country USA	Country USA

40063041



04112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1045263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACIAS, PABLO 5400 SW 77 CT 2C MIAMI, FL 33155	7. Name and Address of New Registered Agent Name MACIAS, PABLO Street Address (P.O. Box Number is Not Acceptable) 5500 SW 77 CT #106 City MIAMI FL Zip Code 33155
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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: _____ 04/09/07 (305) 978-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #