## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

## Apr 25, 2008 08:00 AM Secretary of State DOCUMENT # P00000101989 1. Entity Name HF CLEANING SUPPLIES, INC. Mailing Address Principal Place of Business PO BOX 160352 9809 NW 80TH AVENUE BAY #9U HIALEAH, FL 33076 HIALEAH, FL 33019 02262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1052871 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOBALVARRO, HENRY DO NOT WRITE 9809 NW 80 AVE BAY 9 U IN THIS SPACE HIALEAH, FL 33016 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SOBALVARRO, HENRY 9809 NW 890 AVE BAY # 9U STREET ADDRESS CITY-ST-7IP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

**FILED**