

## ANNUAL REPORT

May  
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DOCUMENT # P00000106804

1. Entity Name  
M&C-CLEANING SVCS. CORP.Principal Place of Business  
12850 W. ST. RD 84 #6-16  
DAVIE, FL 33325Mailing Address  
12850 W. ST. RD 84 #6-16  
DAVIE, FL 33325

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1078843Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BOLOGNESE, MARCELO L  
12850 W. ST. RD 84 #6-16  
DAVIE, FL 33325DO 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, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees000000551908  
05/13/06-80119-012 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLOGNESE, MARCELO L
STREET ADDRESS	12850 W. ST. RD 84 #6-16
CITY-STATE-ZIP	DAVIE, FL 33325
TITLE	D
NAME	BOLOGNESE, CARMEN A
STREET ADDRESS	12850 W. ST. RD 84 #6-16
CITY-STATE-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06

Date

954-588-7357

Daytime Phone #