

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90106 037 \*\*\*150.00

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # P01000002739</b>  |  |         |   |   |  |
| <b>1. Entity Name</b><br>DANMAX CLEANING OF FLORIDA INC.  |  |         |   |   |  |
| <b>Principal Place of Business</b><br>724 115TH AVENUE NORHT<br>#2202<br>SAINT PETERSBURG, FL 33716   |  |         | <b>Mailing Address</b><br>724 115TH AVENUE NORHT<br>#2202<br>SAINT PETERSBURG, FL 33716           |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  |         | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |  |         | Suite, Apt. #, etc.   |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | Zip   |  |
| Country   |  | Country |   | <b>4. FEI Number</b><br>59-3688706  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |         |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BUGAJNY, DANUTA<br>724 115TH AVENUE NORHT<br>SUITE 2202<br>SAINT PETERSBURG, FL 33716   |  |         |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| <b>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.</b>  |  |         |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  |         | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BUGAJNY, DANUTA<br>724 115TH AVENUE NORTH, SUITE 2202<br>SAINT PETERSBURG, FL 33716 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |         |   |   |  |
| <b>SIGNATURE:</b> <i>D. Bugajny</i>   |  |         | DANUTA BUGAJNY<br>PRES.   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |         | Date: 4/08/08 727-687-6950  |   |  |