2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED
DOCUMENT # P0100003057 1. Entity Name EARL & BEV CLEANING SERVICE, INC.				Sep 09, 2005 08:00 AM Secretary of State
Principal Place of Business 3781 JACKSON BLVD. FT. LAUDERDALE, FL 33312		Mailing Address 3781 JACKSON BLVD. FT. LAUDERDALE, FL 33312		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc		08252005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 65-1066983 Not Applicable
	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
BADGER, EARL				ss (P.O. Box Number is Not Acceptable) FL Zip Code
the obligat SIGNATURE.	Anamed entity submits this statement tions of registered agent. Signature, traced or printed name of registered agent LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	m	E Registered Agent signature reg	stered agent, or both, in the State of Florida. I am familiar with, and accept Slocklos bate \$5.00 May Be Added to Fees
10.	OFFICERS AN		. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BADGER, EARL 3781 JACKSON BLVD. FT. LAUDERDALE, FL 33312	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🛄 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BADGER, BEVERLY 3781 JACKSON BLVD. FT. LAUDERDALE, FL 33312	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000378149 09/09/05-80006-024 8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗋 Delete	TITLE NAME STREET ADDRESS	□ Change □ Addition 1000000378149 09/09/05-80006-025 550.00
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delate	THE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🗖 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🔲 Addilion
12. I hereby of indicated of the cor changed,	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	th this filling does not qualify for is true and accurate and that n oowered to execute this report with all other like empowered	the exemption stated in by signature shall have t as required by Chapter	Section 119.07(3)(i), Florida Statutes, I further certify that the information the same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if
SIGNATURE:				B OCOS
				Daytime Phone #

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