

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-01-2005 90072 009 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000010397 1. Entity Name F.C.D. CLEANING & MAINTENANCE CO. INC-	
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Principal Place of Business
8221 NE MIAMI CT
MIAMI, FL 33138

Mailing Address
8221 NE MIAMI CT
MIAMI, FL 33138

66008136



DO NOT WRITE IN THIS SPACE

02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1125448	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

QUIROGA, JOSE D
8221 NE MIAMI CT
MIAMI, FL 33138

**DO 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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

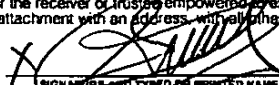
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUIROGA, JOSE D
STREET ADDRESS	8221 NE MIAMI CT
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	ADD
NAME	QUIROGA, RAUL
STREET ADDRESS	429 NE 82ND ST #22
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 voting-like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #