

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90072 016 \*\*\*150.00

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01132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000016825</b> 1. Entity Name <b>CHASQUI CLEANING SYSTEMS, INC.</b>					
Principal Place of Business <b>14003 N. CYPRESS COVE CIRCLE DAVIE, FL 33325</b>			Mailing Address <b>P.O. BOX 551015 FORT LAUDERDALE, FL 33355</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>65-1078160</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KUSNICK, HOWARD A ESQ. 300 NW 82ND AVENUE #505 FT. LAUDERDALE, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>C.S.G FINANCIAL SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>222 W. PROSPECT RD.</b> City <b>Oakland Park</b> <b>FL</b> Zip Code <b>32309</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. SIGNATURE <b>CELSON GONZALEZ</b> <b>2/22/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GONZALEZ, CELSO</b> <b>14003 N. CYPRESS COVE CIRCLE</b> <b>DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, CRISTINA</b> <b>14003 N. CYPRESS COVE CIRCLE</b> <b>DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <b>CELSON GONZALEZ</b> <b>2/22/07</b> <b>(954) 6843881</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Dertume Phone #</small>					