2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2006 08:00 AM Secretary of State **DOCUMENT # P01000017047** 1. Entity Name AAA CLEANING OF S.W. FLORIDA, INC. Principal Place of Business _ Mailing Address 2728 SW 11TH AVE. CAPE CORAL FL 33914 2728 SW 11TH AVE CAPE CORAL FL 33914 3. Mailing Address 2. Principal Place of Business 27245WIIN AVE 54 m K Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-1079868 CAPE CORAL Not Applicat Zip 33114 Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVARD, JOANNE M 2728 SW 11TH AVE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33914 Zip Code 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 DATE (MOTE: Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS to. Delete ☐ Change ☐ : ``" TITLE TITLE D NAME AVARD, JOANNE M STREET ADDRESS 2728 SW 11TH AVE. STHEET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP Delete Change. ☐ Add.''' HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Adding TITLE ☐ Delete MUL Change NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change NAME MAME SUBSET ADDRESS STREET AGURESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ At*** IME ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-78 CITY-SI-ZIP ☐ Change □ A ± TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

FILED

2-23-06