


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90194 029 ***150.00

DOCUMENT # P01000018584	
1. Entity Name MCC CONTRACTOR CLEANING, INC	

Principal Place of Business 1989 NE 147 ST. MIAMI FL 33181	Mailing Address 1989 NE 147 ST. MIAMI FL 33181
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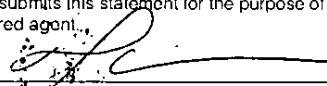
2. Principal Place of Business - No P.O. Box # 723 SW. 6th Street	3. Mailing Address 723 SW. 6th Street
Suite, Apt. #, etc. UNIT # 6	Suite, Apt. #, etc. UNIT # 6
City & State Hallandale Beach, FL	City & State Hallandale Beach, Florida
Zip 33009	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1076935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CERCEAU, MARCIA C 7441 WAYNE AVENUE APT. 4J MIAMI BEACH FL 33141	
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7. Name and Address of New Registered Agent Name Cerceau, Marcia C. Street Address (P.O. Box Number is Not Acceptable) 723 SW. 6th Street UNIT # 6 City Hallandale Beach FL Zip Code 33009	
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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  Marcia C. Cerceau - President 1/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Cerceau Marcia C CERCEAU, MARCIA C 723 SW 6TH ST UNIT 6 HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Marcia C. Cerceau 723 SW. 6th. Street, UNIT # 6 Hallandale Beach, FL. 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CERCEAU, MARCIA C. 723 SW. 6th STREET, UNIT # 6 HALLANDALE Bch., FL. 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/31/07 <small>Date</small>	<small>Daytime Phone #</small>
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