

CITY-ST-ZIP

SIGNATURE:

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2005 08:00 AM Secretary of State

305-263-9665

Daytime Phone #

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DOCUMENT # P01000029627 1. Entity Name NATIONAL CLEANING CONTRACTORS U.S.A., INC.						۵	ecreta	ry of Stat
Principal Plac 6790 S.W. 1 MIAMI, FL 3	e of Business 5TH ST. 3144	(tailing Address 6790 S.W. 15TH ST. MIAMI, FL 33144] 	ı i keriki ilkiş Abili 2011'i 1	BIT BULLU TELU TUTU	W111W 97W11 (WW7WWF 11 1WW7
E	* 5		N THIS SPA	CE	01042005 4. FEI Numb 65-109	No Chg-P	CR2E034	Applied For Not Applicable B.75 Additional Required
6. Name and Address of Current Registered Agent ALFONSO, GUILLERMO 6790 S.W. 15TH ST. MIAMI, FL 33144				DO NOT WRITE IN THIS SPACE				
the obligated SIGNATURE.	tions of registered age	nt. me of registered agent and title \$ \$150.00	purpose of changing its register (NOTE Register 9. Election Campaign Fina Trust Fund Contribution.	ed Agent signature requires		th, in the State of F	Porida. I am far	niliar with, and accept
10.		OFFICERS AND DIRE	CTORS	<u> </u>		L		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD ALFONSO, GÜILL 6790 S.W. 15TH S MIAMI, FL 33144	LERMO ST.			- ·	0000 02/05/0	00215416 5-80008-(310 150.08
TITLE HAME STRIET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE				
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NAME STREET ADDRESS	Į]				

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the relative 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 AND TYPEO PRINTED NAME OF SIGNING OFFICER ON DIRECTOR