

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033224

FILED
Feb 16, 2008
Secretary of State

Entity Name: ADMIRE CLEANING SERVICE CORP.

Current Principal Place of Business:

7000 SW 16 STREET.
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

7000 SW 16 STREET.
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 65-1083953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, GUADALUPE
7000 SW 16 STREET.
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LORENZO, GUADALUPE
Address: 7000 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VP () Delete
Name: LORENZO, GUADALUPE
Address: 7000 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S () Delete
Name: LORENZO, GUADALUPE
Address: 7000 SW 16 STREET
City-St-Zip: PEM,BROKE PINES, FL 33023

Title: T () Delete
Name: LORENZO, GUADALUPE
Address: 7000 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: LORENZO, GUADALUPE
Address: 7000 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: GUADALUPE, LORENZO
Address: 7000 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUADALUPE LORENZO

PRES

02/16/2008

Electronic Signature of Signing Officer or Director

Date