2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000044907

1. Entity Name

MICHMARK CLEANING SERVICES, INC.



FILED Feb 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5905 NORTH PALM BAY PKWY TAMARAC, FL 33321 5905 NORTH PALM BAY PKWY TAMARAC, FL 33321



02052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1159260 Applied For Not Applicable

5. Certificate of Status Desired

\$8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALIE, MARK A 5905 NORTH PALM BAY PKWY TAMARAC, FL 33321

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	Complicable (NOTE: R	Registered Agent signatur	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D ALIE, MARK A 5905 NORTH PALM BAY PKWY TAMARAC, FL 33321	CTORS			000000628398 02/16/07-80011-018 158.75		
TITLE NAME STREET AUDRESS CITY-ST-ZIP	Triwritho, FE 33321						
TRLE NAME SIRFET ADDRESS CRY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
title name street address city-st-zip							
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information							

12. I hereby certify that the information supplied with this filling 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:

MARK A. ALLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

9547094932.

Daytime Phone #