

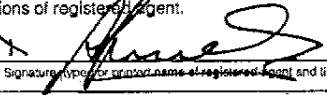



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000060930</b> 1. Entity Name ALMA'S CLEANING SERVICE, CORP.					
Principal Place of Business 2996 NW 5 STREET MIAMI, FL 33125		Mailing Address 2996 NW 5 STREET MIAMI, FL 33125			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1116361		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHAMAN, ALMA E 2996 NW 5 STREET MIAMI, FL 33125				<b>DO NOT WRITE IN THIS SPACE</b>	
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  (NOTE: Registered Agent signature required when reinstating) Signature of person printing name of registered agent and title if applicable (DATE) 01/15/07					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>  1000000613944 02/06/07-80006-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CHAMAN, ALMA E 2996 NW 5 STREET MIAMI, FL 33125			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CHAMAN, HECTOR A 2996 NW 5 STREET MIAMI, FL 33125			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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: 		Date 01/15/07		Daytime Phone # (305) 643-038	