


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 027 ***150.00

DOCUMENT # P01000094972	
1. Entity Name THE FINAL TOUCH CLEANING SERVICE INC.	

Principal Place of Business 2095 NW 14TH ST MIAMI, FL 33125	Mailing Address 2095 NW 14TH ST MIAMI, FL 33125
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94026007

2. Principal Place of Business <i>1321 SW 74 Ave</i>	3. Mailing Address <i>1321 SW 74 Ave</i>
Suite, Apt. #, etc. <i>Miami</i>	Suite, Apt. #, etc. <i>Miami</i>
City & State <i>Miami, Florida</i>	City & State <i>Miami, Florida</i>
Zip <i>33144</i>	Country <i>Dade</i>



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1141249	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 NUNEZ, ANGELA 2095 NW 14TH ST MIAMI, FL 33125	7. Name and Address of New Registered Agent Name <i>Angela Nunez</i> Street Address (P.O. Box Number is Not Acceptable) <i>1321 SW 74 Ave</i> City <i>Miami</i> FL Zip Code <i>33144</i>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, ANGELA 2095 NW 14TH ST MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Angela Nunez</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1321 SW 74 Ave</i> <i>Miami FL 33144</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 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: *Angela Nunez* **03-04-04** **305-688-3227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #