

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P01000120466	
1. Entity Name	
Carnival Cleaning Services, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7519 SW 7th Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State North Lauderdale, FL	City & State
Zip 33068 Country	Zip Country

4. FEI Number 04-3588853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

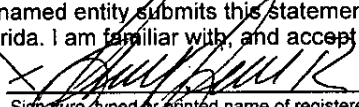
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Clara Contreras	
Street Address (P.O. Box Number is Not Acceptable) 7519 SW 7th Street	
City North Lauderdale	FL Zip Code 33068

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  **Clara Contreras** **10/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	Milton O Arevalo
STREET ADDRESS	7519 SW 7th Street
CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	SD
NAME	Clara Contreras
STREET ADDRESS	7519 SW 7th Street
CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/04 **Daytime Phone #** 754-724-9141