



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000000268 1. Entity Name MIM'S COMPLETE CLEANING & MAINTENANCE CORPORATION	
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Principal Place of Business 329 QUAIL RIDGE HAVANA, FL 32333	Mailing Address 329 QUAIL RIDGE HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE

FILED
04 APR 30 AM 8:52
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0634178	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

**IVORY, MIRIAM WILLIAM
329 QUAIL RIDGE
HAVANA, FL 32333**

**DO NOT WRITE
IN THIS SPACE**

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	1809
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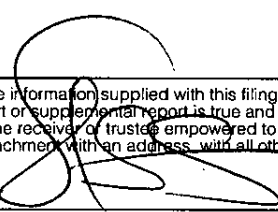
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVORY, MIRIAM WILLIAM 329 QUAIL RIDGE HAVANA, FL 32333
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500036187125
05/12/04--01024--004 **300.00

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IN THIS SPACE**

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:  **4-30-04 539-4123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #