


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000Q02006	
1. Entity Name DOUBLE M CLEANING SERVICES CORPORATION	

Principal Place of Business 7629 PINENEST CT. ORLANDO, FL 32822	Mailing Address 7629 PINENEST CT. ORLANDO, FL 32822
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0009146	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 MOTA, FERNANDO 7629 PINENEST CT. ORLANDO, FL 32822	
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6. 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000168189 07/26/04-80003-020 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTA, ANSELMA 7629 PINENEST CT. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTA, FERNANDO 7629 PINENEST CT. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Fernando Mota</i>	407.536 2574 17.20 407 277-0411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>