

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002006

FILED  
Mar 11, 2007  
Secretary of State

Entity Name: DOUBLE M CLEANING SERVICES CORPORATION

**Current Principal Place of Business:**

14235 ACORN RIDGE DR  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

14235 ACORN RIDGE DR.  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 80-0009146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTA, FERNANDO  
14235 ACORN RIDGE DR  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOTA, ANSELMA  
Address: 14235 ACORN RIDGE DR  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: MOTA, FERNANDO  
Address: 14235 ACORN RIDGE DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANSELMA MOTA

D

03/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date