

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91013 011 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000007300 1. Entity Name FAZ CLEANING SERVICES CORP.			
Principal Place of Business 5956 NW 194 ST MIAMI, FL 33016		Mailing Address 5956 NW 194 ST MIAMI, FL 33016	
2. Principal Place of Business 15842 S.W. 51st. Suite, Apt. #, etc. Miramar, FL. City & State		3. Mailing Address 15842 S.W. 51st. Suite, Apt. #, etc. Miramar, FL. City & State	
Zip 33027	Country USA Broward	Zip 33027	Country USA
4. FEI Number 80-0030302		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESA, FRANCISCO O 2030 S. OCEAN DRIVE #402 HALLANDALE, FL 33009-6606		7. Name and Address of New Registered Agent Name Mesa, Francisco O. Street Address (P.O. Box Number is Not Acceptable) 15842 S.W. 51st. City Miramar FL Zip Code 33027	
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 <u><i>Francisco O. Mesa</i></u> 04-22-04 Signature, typed or printed name of registered agent and title if applicable. (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 ☐ \$5.00 May Be Added to Fees	
12. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MESA, IRMA A STREET ADDRESS 2030 S. OCEAN DRIVE #402 CITY-ST-ZIP HALLANDALE, FL 33009-6606	☐ Delete	TITLE D NAME Mesa, Irma A STREET ADDRESS 15842 S.W. 51st. CITY-ST-ZIP Miramar, FL. 33027	☒ Change ☐ Addition
TITLE P NAME MESA, FRANCISCO O STREET ADDRESS 5956 NW 194 ST. CITY-ST-ZIP MIAMI, FL 33015	☐ Delete	TITLE P NAME Mesa, Francisco O. STREET ADDRESS 15842 S.W. 51st. CITY-ST-ZIP Miramar, FL. 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Francisco O. Mesa</i></u> 04-22-04 (914) 499-7478 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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