2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/16

FILED
May 14, 2003 8:00 am
Secretary of State

04-16-2003 90243 013 ***150.00

55040631

DOCUMENT # P02000025599

1. Entity Name
DAEA PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
5017 S.W. 167 AVE. MIRAMAR FL 33027	5017 S.W. 167 AVE. MIRAMAR FL 33027

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5017 S.W. 167 Ave		5017 S.W. 167 Ave	
Suite, Apt. #, etc. Miramar Fla		Suite, Apt. #, etc. Miramar Fla.	
City & State 33027	USA	City & State 33027	USA
Zip	Country	Zip	Country

4. FEI Number 01-0684968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, DAISY S
5017 S.W. 167 AVE.
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, DAISY S 5017 S.W. 167 AVE. MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED 4/11/03 9543925981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 55040031

#P020000255 99

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Daea Professional Services Inc. 01-0684968

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
5/13/02 JK

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5017 SW 167 Avenue

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Miramar, FL, 33027

5b City, state, and ZIP code

6 County and state where principal business is located
Broward , Florida 33027

7a Name of principal officer, general partner, grantor, owner, or trustor
Daisy S. Gonzalez

7b SSN, ITIN, or EIN
#593-72-7437

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☒ Other (specify) ▶ Regular
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

RECEIVED
MAY 09 2002
ATSC IRS #0361

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
4/10/02

11 Closing month of accounting year
December 31.

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ Idon't known

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
0	0	0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
- ☒ Other (specify) Services Cleaning

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Cleaning houses & buildings, etc.

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ DaISY S. Gonzalez- President

Applicant's telephone number (include area code) (954) 392-5981

Signature ▶ [signature] Date ▶ 4/10./02

Applicant's fax number (include area code) (305) 443-2178