## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 26, 2005 08:00 AM DOCUMENT # P02000032709 **Secretary of State** 1. Entity Name RIOS CLEANING SERVICES, INC. Principal Place of Business Malling Address 156 NW 14TH AVE BOYNTON BEACH FL 33435 156 NW 14TH AVE **BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Sulte, Apt, #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3629996 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD TITLE ☐ Delete Change □ Addition 02/26/05-80017-007 150.00 NAME RIOS, SANDRA F STREET ADDRESS 156 NW 14TH AVE STREET ADDRESS **BOYNTON BEACH FL 33435** CHY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP TETLE TITLE Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-\$1-21P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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:

MONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/73/05 (SGV 7076159)

**FILED**