

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 021 ***150.00

DOCUMENT # P02000036595 1. Entity Name GOLDEN CLEANING SOLUTIONS INC.																								
Principal Place of Business 12045 SW 14 STREET 106 BLDG PEMBROKE PINES, FL 33025		Mailing Address 12045 SW 14 STREET 106 BLDG PEMBROKE PINES, FL 33025																						
2. Principal Place of Business 5405 N.W. 102 Ave. Suite, Apt. #, etc. Bay 226 City & State Sunrise, FL Zip 33351		3. Mailing Address 5405 N.W. 102 Ave Suite, Apt. #, etc. Bay 226 City & State Sunrise, FL Zip 33351																						
4. FEI Number 03-0419614		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 MAZARIEGOS, JOSE R 12045 SW 14 STREET 106 BLDG PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																						
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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>Jose R. Mazaregos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/8/04 Daytime Phone # (786) 208-5967																						