

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90368 001 ***150.00
04-28-2004 90368 002 *****8.75

DOCUMENT # P02000040758

1. Entity Name
FLORIDA CLEANING SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~SAME AS MAILING~~

311 Altamonte Commerce Blvd.
Suite 1616
Altamonte Springs, FL 32714

66416233



DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number

32-0045361

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, KEITH A
233 S SEMORAN BLVD
ORLANDO, FL 32807

**DO NOT WRITE
IN THIS SPACE**

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 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARRIOS, RENE
STREET ADDRESS	311 Altamonte Commerce Blvd.
CITY-ST-ZIP	Suite 1616 - Altamonte Springs, FL 32714

TITLE	D
NAME	BARRIOS, IVETTE
STREET ADDRESS	311 Altamonte Commerce Blvd.
CITY-ST-ZIP	Suite 1616 - Altamonte Springs, FL 32714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 407-788-8010