## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90085 041 \*\*\*150.00

## **DOCUMENT # P02000040758**

1. Entity Name

FLORIDA CLEANING SYSTEMS, INC.

Principal Plac 3850 ST JOH SANFORD, FI	go Busiles NS PARKWAY 32771	Maring Address (1) 3850 ST JOHNS PARK SANFORD, FL 32771	(WAY				
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052007	Chg-P CR	2E034 (12/06)	
City & State		City & State		4. FEI Number			olied For
Zip	Country	Zip	Country	32-004536		88.75 Addi	: Applicable tional
	6. Name and Address of Currer	nt Registered Agent		5. Certificate of St	tatus Desired  dress of New Register	Fee Required	
BARRIOS RENE PRESID				D. avert . D	ne Presid	Jent-	
640 DOUG	SLAS AVENUE		Street A	ddress (P.O. Box Number is I		,	ļ
ALTAMONTE, FL 32714							
City Sanfora						FL 32 Code	7/
8. The above named entity soomits 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 SIMI MOSISANT SOME PARVICES 3/7/07							
*	Ognature and charge of registered and	ant and title if applicable. (NO	) G. Registered Agent signal	ula required when reinstating)	- / DA	ATE	1
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees		•	
10.		ND DIRECTORS	11.		ANGES TO OFFICERS	AND DIRECTORS	IN 11
TITLE NAME	PRES BARRIOS, RENE	☐ Delete	TITLE NAME	Pres Rancing Page	3	Change	☐ Addition
STREET ADDRESS	640 DOUGLAS AVENUE. SUI	STREET ADDRESS	Barrios, Rene 3850 st. John.	s Parkway			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 3	32714 ☐ Delete	CITY-ST-ZIP	Santord, FL	3277/	Change	☐ Addition
NAME	BARRIOS, IVETTE	NAME	Barrios, Ivett	Backway	<u> </u>		
STREET ADDRESS CITY-ST-ZIP	640 DOUGLAS AVENUE. SUI ALTAMONTE SPRINGS, FL 3	STREET ADDRESS CITY-ST-ZIP	Sanford, FL	3277/			
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			☐ Change	Addition
NAME			NAME			Manager gr-	hand Time to the
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby of indicated of the corlichanged	certify that the information supplied will do not his report or supplemental report reporation or the receiver or trustee en , or on an attachment with an address.	vith this filing does not qualify it is true and accurate and that no wered to execute this repo with all other like empowere	for the exemptions of the my signature shall lort as required by Ched.	ontained in Chapter 119, Flo lave the same legal effect as apter 607, Florida Statutes; an	orida Statutes. I further if made under oath; the nd that my name appe	r certify that the in hat I am an officer ears in Block 10 or	formation or director Block 11 if
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELL'AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							