



**FILED**  
**Jun 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000053940</b>				<b>Jun 06, 2006 08:00</b> <b>Secretary of State</b>	
<b>1. Entity Name</b> PERFECT TOUCH COMMERCIAL CLEANING SERVICES, INC.					
<b>Principal Place of Business</b> 1848 CHATHAM VILLAGE ORANGE PARK, FL 32003		<b>Mailing Address</b> 1848 CHATHAM VILLAGE ORANGE PARK, FL 32003			
<b>DO NOT WRITE IN THIS SPACE</b>					
		05152008    No Chg-P    CR2E034 (11/05)			
		<b>4. FEI Number</b> 02-0604133		<b>Applied For</b> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>					
GOLDMAN, ROBERT 1848 CHATHAM VILLAGE ORANGE PARK, FL 32003			<b>DO NOT WRITE IN THIS SPACE</b>		
<b>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.</b>					
SIGNATURE: _____			06/06/06-80001-024 150.00		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GOLDMAN, JOSEPH G 1430 NE 41 ST OAKLAND PARK, FL 3334			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GOLDMAN, ROBERT A 1848 CHATHAM VILLAGE DR ORANGE PARK, FL 32003			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____		5/28/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #			