

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082446

FILED
Apr 26, 2006
Secretary of State

Entity Name: BORGES CLEANING SERVICES, INC.

Current Principal Place of Business:

11117 MODEL CIR E
BOCA RATON, FL 33428

New Principal Place of Business:

11117 MODEL CIRCLE E
BOCA RATON, FL 33428

Current Mailing Address:

11117 MODEL CIR E
BOCA RATON, FL 33428

New Mailing Address:

11117 MODEL CIRCLE E
BOCA RATON, FL 33428

FEI Number: 56-2282702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVA, JOSE
Address: 11117 MODEL CIR E
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: REBOUCAS, MARIA E
Address: 11117 MODEL CIR E
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Delete
Name: BRANDAO, CLOVIS
Address: 11117 MODEL CIR E
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, JOSE
Address: 11117 MODEL CIRCLE E
City-St-Zip: BOCA RATON, FL 33428

Title: VPD (X) Change () Addition
Name: REBOUCAS, MARIA E
Address: 11117 MODEL CIRCLE E
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE SILVA

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date