

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0147361 AV

DOCUMENT # P02000082803

1. Entity Name
ANY TASK, CLEANING SOLUTIONS CORP.



05-05-2003 90739 001 *****8.75
05-05-2003 90739 002 ***150.00

Principal Place of Business
6391 JACK RABBIT LANE
HIALEAH FL 33014

Mailing Address
6391 JACK RABBIT LANE
HIALEAH FL 33014



2. Principal Place of Business
6391 Jack Rabbit Ln

3. Mailing Address
P.O. Box 17222

CHECK HERE IF MAKING CHANGES

City & State: Hialeah, FL
City & State: Hialeah, FL

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name: Carlos Gamba
Street Address (P.O. Box Number is Not Acceptable): 6391 Jack Rabbit Lane
City: Hialeah, FL Zip Code: 33014

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]* DATE: 4/29/03

Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GAMBA, CARLOS 6391 JACK RABBIT LANE HIALEAH FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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]* DATE: 4/29/03 DAYTIME PHONE #: 305-698-3085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)