

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90007 047 ***158.75

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1. Entity Name

ALLIGATOR CLEANING SERVICE CO.



Principal Place of Business

807 SW 25 AVE.
MIAMI FL 33135

Mailing Address

3171 SW 14 ST., APT. 2
MIAMI FL 33145

2. Principal Place of Business

6951 SW 158 PASAGE

Suite, Apt. #, etc.

3. Mailing Address

6951 SW 158 PASAGE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

06-1642068

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

33193

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IBANEZ, MANUEL
3171 SW 14 ST., APT. 2
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6951 SW 158 PASAGE

City

MIAMI

FL

Zip Code

33193

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

MANUEL IBANEZ PRESIDENT 03/26/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. 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

TITLE PD ☐ Delete
NAME GOMEZ, ANTONIO
STREET ADDRESS 3171 SW 14 ST., APT. 2
CITY-ST-ZIP MIAMI FL 33145

TITLE VD ☐ Delete
NAME IBANEZ, MANUEL
STREET ADDRESS 3171 SW 14 ST., APT. 2
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6951 SW PASAGE
CITY-ST-ZIP MIAMI FL 33193

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6951 SW PASAGE
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MANUEL IBANEZ PRESIDENT

Date

Daytime Phone #

03/26/04