

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082857

FILED
Jul 14, 2006
Secretary of State

Entity Name: ALLIGATOR CLEANING SERVICE CO.

Current Principal Place of Business:

6951 SW 158 PASAGE
MIAMI, FL 33193

New Principal Place of Business:

6951 SW 158 PASSAGE
MIAMI, FL 33193

Current Mailing Address:

6951 SW 158 PASAGE
MIAMI, FL 33193

New Mailing Address:

6951 SW 158 PASSAGE
MIAMI, FL 33193

FEI Number: 06-1642068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBANEZ, MANUEL
6951 SW 158 PASAGE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

IBANEZ, MANUEL
6951 SW 158 PASSAGE
MIAMI, FL 33193 US

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: _____

07/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOMEZ, ANTONIO
Address: 6951 SW 158 PASAGE
City-St-Zip: MIAMI, FL 33143

Title: VD () Delete
Name: IBANEZ, MANUEL
Address: 6951 SW 158 PASAGE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOMEZ, ANTONIO
Address: 6951 SW 158 PASSAGE
City-St-Zip: MIAMI, FL 33143

Title: VD (X) Change () Addition
Name: IBANEZ, MANUEL
Address: 6951 SW 158 PASSAGE
City-St-Zip: MIAMI, FL 33143

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: ANTONIO GOMEZ

PD

07/14/2006

Electronic Signature of Signing Officer or Director

Date