


**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

**55046548**

DOCUMENT # P02000084510

1. Entity Name  
MARTIN RUIZ PRESSURE CLEANING INC.



04-30-2003 90150 027 \*\*\*150.00

55046548

Principal Place of Business  
1290 MAPLE ST  
W PALM BCH FL 33406

Mailing Address  
1290 MAPLE ST  
W PALM BCH FL 33406

2. Principal Place of Business  
1290 Maple St  
Suite, Apt. #, etc.

3. Mailing Address  
1290 Maple St  
Suite, Apt. #, etc.

City & State  
W P B FL

City & State  
W P B FL

Zip  
33406

Country  
P.B

Zip  
33406

Country  
P.B

4. FEI Number  
061642777

Applied For  
Not Applicable


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

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent  
RUIZ, MARTIN  
1290 MAPLE ST  
W PALM BCH FL 33406

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  DATE 4-26-03

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

19. 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

DPVS  
RUIZ, MARTIN  
1290 MAPLE ST  
W PALM BCH FL 33406

☐ Delete

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CITY-ST-ZIP

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W PALM BCH FL 33406

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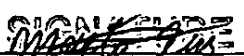
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date Daytime Phone #