

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000087163					
1. Entity Name KEWANI CLEANING, CO					
Principal Place of Business 620 SW 6TH AVE. #5 MIAMI, FL 33130			Mailing Address PO BOX 66-9056 MIAMI, FL 33166		
2. Principal Place of Business 4545 W 20th Ave Suite, Apt. #, etc. #C 223		3. Mailing Address P.O. Box 46-9056 Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Miami, FL		4. FEI Number 16-1624193	
Zip 33012		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, DOMINIC 620 SW 6TH AVE. MIAMI, FL 33130				7. Name and Address of New Registered Agent Name: Jose Martin Serrano Street Address (P.O. Box Number is Not Acceptable): 4545 W 20th Ave Suite, Apt. #, etc.: #C 223 City: Hialeah FL Zip Code: 33012	
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: 6/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PO RUIZ, DOMINIC P O BOX 66-9056 MIAMI, FL 33182	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO Borcher, Hector E P.O. Box 46-9056 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO SERRANO, JOSE M P O BOX 66-9056 MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO Serrano, Jose Martin P.O. Box 46-9056 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO DIAZ, MAURICIO A P O BOX 66-9056 MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700056525437 06/27/05--01004--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE 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:				6/6/05 (305) 527-9334 <small>Date Daytime Phone #</small>	