


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # PD2000087163	
1. Entity Name Kewani Cleaning, CO	

07 NOV 16 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 26121 S.W. 134 Place	3. Mailing Address P.O. Box 669056
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11-21-07  
Ry

CR2E034B (5/07)

City & State Homestead Fla	City & State Miami Fla
Zip 33032	Zip 33166
Country Dade	Country Dade

4. FEI Number 16-1624193	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Hector Sanchez	
	Street Address (P.O. Box Number Is Not Acceptable) 26121 S.W. 134 Place	
	City Homestead	FL Zip Code 33032

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.	800112332929 11/19/07--01013--006 **\$1.25
SIGNATURE	DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hector Sanchez P.O. Box 669056 Miami, Fla 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jose M. Serrano P.O. Box 669056 Miami, Fla 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mario Camblor P.O. Box 669056 Miami, Fla 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, when I am otherwise empowered.
--

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/07

Date

Daytime Phone #