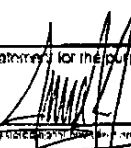
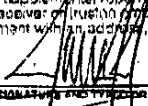


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90411 011 ***150.00

DOCUMENT # P02000113532			
1. Entity Name AUTHORITY TOTAL CLEANING CORP.			
Principal Place of Business 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334		Mailing Address 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334	
2. Principal Place of Business AUTHORITY TOTAL CLEANING CORP.		3. Mailing Address AUTHORITY TOTAL CLEANING CORP.	
Suite, Apt., #, etc. 820 NE 58 CT.		Suite, Apt., #, etc. 820 NE 58 CT	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL	
Zip 33334	Country USA	Zip 33334	Country USA
4. FE Number 35-0560811		Applied For ☐ Not Applicable	
5. Certified or State Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IREGUI, JAIRO 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334		7. Name and Address of New Registered Agent Name IREGUI JAIRO Street Address (F.O. Box Number is Not Acceptable) 820 NE 58 CT City FORT LAUDERDALE FL Zip Code 33334	
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 04-29-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. 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 VP	NAME DUARTE, LILIANA	TITLE VP	NAME DUARTE LILIANA
STREET ADDRESS 850 E. COMMERCIAL BLVD., #214	CITY-ST-ZIP OAKLAND PARK, FL 33334	STREET ADDRESS 820 NE 58 CT	CITY-ST-ZIP FORT LAUDERDALE FL 33334
TITLE PD	NAME IREGUI, JAIRO	TITLE PD	NAME IREGUI JAIRO
STREET ADDRESS 850 E. COMMERCIAL BLVD., #214	CITY-ST-ZIP OAKLAND PARK, FL 33334	STREET ADDRESS 820 NE 58 CT	CITY-ST-ZIP FORT LAUDERDALE FL 33334
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 190.07(3)(a), 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 empowerment.			
SIGNATURE: 		DATE 04-29-05 754 246 9709	
SIGNATURE AND PRINTED NAME OF FORMING OFFICER OR DIRECTOR		Date	