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	Mailing Address
850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334	850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
AUTHORITY TOTAL CLEANING C	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. FEI Number 65-0560811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IREGUI, JAIRO 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334	Name IREGUI JAIRO Street Address (P.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 [signature] 04-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ 55.00 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	VP DUARTE, LILIANA 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334	☐ Delete	VP DUARTE LILIANA 820 NE 58 CT FORT LAUDERDALE FL 33334	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IREGUI, JAIRO 850 E. COMMERCIAL BLVD., #214 OAKLAND PARK, FL 33334	☐ Delete	PD IREGUI JAIRO 820 NE 58 CT FORT LAUDERDALE FL 33334	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Liliana Duarte 04-29-05 754 2469709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #