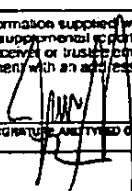


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90770 001 \*\*\*150.00  
P02000113532

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                                         |                                                                                 |
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| <b>DOCUMENT # P02000113532</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                        |                                                                                 |
| 1. Entity Name<br><b>AUTHORITY TOTAL CLEANING CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                         |                                                                                 |
| Principal Place of Business<br><b>820 NE 58 COURT<br/>OAKLAND PARK, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Mailing Address<br><b>820 NE 58 COURT<br/>OAKLAND PARK, FL 33334</b>                                                                    |                                                                                 |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | 3. Mailing Address                                                                                                                      |                                                                                 |
| State, Apt., etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | State, Apt., etc.                                                                                                                       |                                                                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | City & State                                                                                                                            |                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                                                                                            | Zip                                                                                                                                     | Country                                                                         |
| 4. FEI Number<br><b>05-0560811</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | Applied For<br><input type="checkbox"/> No: Applicable                                                                                  |                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | \$8.75 Additional Fee Required                                                                                                          |                                                                                 |
| 6. Name and Address of Current Registered Agent<br><b>JAIRO, IREGUI<br/>820 NE 58 COURT<br/>OAKLAND PARK, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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                                                                                                                                    |                                                                                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP<br>DUARTE, LILIANA<br>820 NE 58 COURT<br>OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <i>PR5/22</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO<br>JAIRO, IREGUI<br>820 NE 58 COURT<br>OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 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 included in 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    | Date: _____ Date the Form is                                                                                                            |                                                                                 |

FILED

06 MAY 22 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 Chg-P CR25034 (11/05)