

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000119724

1. Entity Name
SPLENDOR CLEANING INC.



Principal Place of Business
9371 FONTAINEBLEU BLVD STE 1204
MIAMI, FL 33172

Mailing Address
9371 FONTAINEBLEU BLVD STE 1204
MIAMI, FL 33172



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2303098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VASQUEZ, MARTHA L
9371 FONTAINEBLEU BLVD STE 1204
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 *Martha L Vasquez*

(Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

X 04.27.04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000145832
05/03/04-60041-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VASQUEZ, MARTHA L
STREET ADDRESS 9371 FONTAINEBLEU BLVD STE 1204
CITY-ST-ZIP MIAMI, FL 33172

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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: *Martha L Vasquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04.27.04 X 305 305 9229
Date Daytime Phone #