

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90397 019 ***158.75

DOCUMENT # P02000127853

1. Entity Name

DMS CLEANING SERVICES, INC.



Principal Place of Business

20122 NW 12 CT.
MIAMI FL 33169

Mailing Address

20122 NW 12 CT.
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

83-0343941

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

SANDRA DAVIS
20122 NW 12 CT.
MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 SANDRA DAVIS P

DAVIS

4/24/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME DAVIS, SANDRA
STREET ADDRESS 20122 NW 12 CT
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☒ Addition
NAME T Lorna Finley
STREET ADDRESS 20122 NW 12 CT Miami FL 33169
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MOWATT, CLIFTON
STREET ADDRESS 20122 NW 12 CT
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☒ Addition
NAME CHRISTOPHER JOHNSON
STREET ADDRESS 20122 NW 12 CT
CITY-ST-ZIP MIAMI FL 33169

TITLE T ☒ Delete
NAME FAGAN, BEVERLY
STREET ADDRESS 20122 NW 12 CT
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☒ Addition
NAME ASST. T.
STREET ADDRESS AVIA Thompson
CITY-ST-ZIP 20122 NW 12 CT Miami FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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: DAVIS SANDRA DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/04
Date

754 244-2839
Daytime Phone #