


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90416 049 ***150.00

DOCUMENT # P02000132931 1. Entity Name KAMI KLEANING, CORP.					
Principal Place of Business 7330 STIRLING RD. 306 HOLLYWOOD, FL 33024			Mailing Address 7330 STIRLING RD. 306 HOLLYWOOD, FL 33024		
2. Principal Place of Business 55 PINE ISLAND RD		3. Mailing Address 55 PINE ISLAND RD			
Suite, Apt. #, etc. #205		Suite, Apt. #, etc. #205			
City & State PLANTATION FL 33324		City & State PLANTATION FL			
Zip 33324		Country		Zip 33324	
Country		4. FEI Number 75-3094940			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCAMPO, CAMILO 7330 STIRLING RD. 306 HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD OCAMPO, CAMILO 7330 STIRLING RD. #306 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAMAYO, MARIA A 7330 STIRLING RD. #306 HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
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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: Camilo Ocampo 04-29-04 954-5880609					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					