
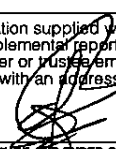


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90230 042 \*\*\*150.00

<b>DOCUMENT # P03000003658</b> 1. Entity Name <b>SOUTH STAR CLEANING CORP.</b>			
Principal Place of Business 6790 NW 186TH AVE. #308 HIALEAH, FL 33015		Mailing Address 6790 NW 186TH AVE. #308 HIALEAH, FL 33015	
2. Principal Place of Business 6790 NW 186 St. Suite, Apt. #, etc. # 308		3. Mailing Address 6790 NW 186 St. Suite, Apt. #, etc. # 308	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33015		Zip 33015	
Country USA		Country USA	
4. FEI Number 85-0486138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PEREZ, DIEGO F 6790 NW 186TH AVE. #308 HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6790 NW 186 St. # 308 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	D PEREZ, DIEGO F 6790 NW 186TH AVE. #308 HIALEAH, FL 33015	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATISTA, MARCELA E 6790 NW 186TH AVE. #308 HIALEAH, FL 33015	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, DIEGO F 6790 NW 186TH AVE. #308 HIALEAH, FL 33015	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: x 		Diego Perez 4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	