


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90208 016 \*\*\*150.00

**DOCUMENT # P03000006683**

1. Entity Name  
**AYME'S CLEANING SERVICE, INC.**



Principal Place of Business      Mailing Address  
 4124 SW 23RD STREET STE A      4124 SW 23RD STREET STE A  
 FT LAUDERDALE, FL 33317      FT LAUDERDALE, FL 33317

**44044086**



2. Principal Place of Business      3. Mailing Address  
**8020 N.W. 41ct.**      **8020 N.W. 41ct.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04192004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Sunrise, FL**      **Sunrise, FL**

Zip      Country      Zip      Country  
**33351**      **USA**      **33351**      **USA**

4. FEI Number      Applied For  
**02-0666004**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEJIA, AYME**  
**4124 SW 23RD STREET STE A**  
**FT LAUDERDALE, FL 33317**

7. Name and Address of New Registered Agent  
 Name      **Mejia, Ayme**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8020 N.W. 41ct.**  
 City      **Sunrise**      State      **FL**      Zip Code      **33351**

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: *Ayme Mejia*      DATE: 1/8/04

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MEJIA, AYME	
STREET ADDRESS	4124 SW 23RD STREET STE A	
CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ARMIENTO, FABIO	
STREET ADDRESS	4124 SW 23RD STREET STE A	
CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mejia, Ayme	
STREET ADDRESS	8020 N.W. 41ct.	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarmiento, Fabio	
STREET ADDRESS	8020 N.W. 41ct.	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ayme Mejia*      DATE: 1-8/04      DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #