

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000007721

1. Entity Name
VD BEST HOME CLEANING SYSTEM INC.



Principal Place of Business Mailing Address
1616 PONCE DE LEON 1616 PONCE DE LEON
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

FILED
Feb 17, 2005 08:00 AM
Secretary of State



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
43-1997992 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, VICTOR
4921 SW 87 CT
MIAMI, FL 33165

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIAZ, VICTOR
STREET ADDRESS	4921 SW 87 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	OF
NAME	AGUILAR, DAIMYS M
STREET ADDRESS	6623 SW 52ND TERRACE
CITY-ST-ZIP	SOUTH MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000232598
02/17/05-80008-017 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/05 305-485-1449
Date Daytime Phone #