


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 025 ***150.00

DOCUMENT # P03000014137			
1. Entity Name CORAL GABLES VACUUMS, INC.			
Principal Place of Business 1101 SOUTHWEST 104TH COURT MIAMI, FL 33174		Mailing Address 1101 SOUTHWEST 104TH COURT MIAMI, FL 33174	
2. Principal Place of Business 4771 SW 8 ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33174	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent ROGUE, GLADYS 1101 SW 104 CT MIAMI, FL 33174		7. Name and Address of New Registered Agent Name: ROGUE, GLADYS Street Address (P.O. Box Number is Not Acceptable): 1101 SW 104 CT. City: MIAMI FL Zip Code: 33174	
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: <i>Gladys Rogue</i> DATE: 03/24/05 <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signatures required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSTD ROGUE, GLADYS 1101 SOUTHWEST 104TH COURT MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Gladys Rogue</i>		DATE: 03/24/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 06-1677817 Applied For Not Applicable

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