

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

04-20-2005 90320 026 ***150.00

DOCUMENT # P03000019645

1. Entity Name
ARSA & ASSOCIATES CLEANING COMPANY



Principal Place of Business
**4961 NW 11TH PLACE
LAUDERHILL, FL 33313**

Mailing Address
**P.O. BOX 8331
FORT LAUDERDALE, FL 33310**

66018343



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3103853

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SURIEL, ANDRES
4961 NW 11TH PLACE
LAUDERHILL, FL 33313**

**DO NOT WRITE
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

Andres Suriel
Signature, typed or printed name of registered agent and title if applicable.

Aphie Suriel
DATE/Registered Agent signature required when resigning)

4/14/05
DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SURIEL, ANDRES
STREET ADDRESS	4961 NW 11TH PLACE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	V
NAME	SURIEL, YELIN
STREET ADDRESS	4961 NW 11TH PLACE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Andres Suriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05 *454 3099159*
Date Daytime Phone #