


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90178 039 \*\*\*150.00

<b>DOCUMENT # P03000028701</b>	
1. Entity Name P.A. CLEANING SERVICES, INC.	

Principal Place of Business 4106 SW 159 AV MIRAMAR, FL 33027	Mailing Address 4106 SW 159 AV MIRAMAR, FL 33027
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**66021162**



2. Principal Place of Business 4289 SW 156 Ave Suite, Apt. #, etc.	3. Mailing Address 4289 SW 156 Ave Suite, Apt. #, etc.
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06292006 Chg-P CR2E034 (11/05)

City & State Miramar, FL Zip 33027 Country	City & State Miramar, FL Zip 33027 Country
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4. FEI Number 03-0510757	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 ALMENAR, PEDRO 3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027	7. Name and Address of New Registered Agent Name: Almenar, Pedro Street Address (P.O. Box Number is Not Acceptable): 4289 SW 156 Ave City: Miramar FL Zip Code: 33027
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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.

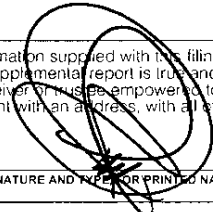
SIGNATURE:  DATE: 06/29/06

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMENAR, PEDRO 3741 S.W. 160 AVENUE SUITE 207 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Almenar, Pedro 4289 SW 156 Ave Miramar FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 06/29/06

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR