

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000046875

1. Entity Name
EXCLUSIVE CLEANING SERVICES AND STAFFING CO.



Principal Place of Business
3350 SW 148 AVENUE
SUITE 110
MIRAMAR, FL 33027

Mailing Address
3350 SW 148 AVENUE
SUITE 110
MIRAMAR, FL 33027

07 MAY - 11:46
TALLAHASSEE, FLORIDA



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0008397

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAYLING, CALZADILLA
3350 SW 148 AVENUE
SUITE 110
MIRAMAR, FL 33027

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/31/07 00000751892 508.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSTD
CALZADILLA, MAYLING
3350 SW 148 AVENUE
MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

400103614144
05/31/07--01036--001 **158.75

**DO NOT WRITE
IN THIS SPACE**

5/4/07
K2W1

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #