

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 STATE
FLORIDA



05162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0008397	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**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
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5/4/07
kzw1

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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #