2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046875

1. Entity Name

EXCLUSIVE CLEANING SERVICES AND STAFFING CO.

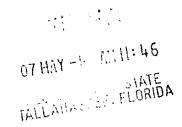


Principal Place of Business

Mailing Address

3350 SW 148 AVENUE

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





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

05162007 No Chg-P

P

CR2E034 (11/05)

4. FEI Number 20-0008397

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

MAYLING, CALZADILLA 3350 SW 148 AVENUE

SUITE 110 MIRAMAR, FL 33027

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

Date

Davime Phone #

the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. Tam familia—with, and accept 15/07/07/07/07/07/07/07/07/07/07/07/07/07/	
SIGNATURE Signature typed or printed name of registered agent and tale if applicable (INOTE Registered Age				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution			cing	\$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 DIR	ECTORS		 -		
NAME STREET ADDAESS CITY ST-ZIP	PSTD CALZADILLA, MAYLING 3350 SW 148 AVENUE MIRAMAR, FL 33027		400103514144 05/31/0701038001 **158.75			
TITLE NAME * STREET ADDRESS CITY - ST - ZIP				gar.	31701 "01033" "001	
NAME STREET ADDRESS CITY ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY ST ZIP			IN THIS SPACE			
NAME STREET ADDRESS CITY ST ZIP				14/07		
TITLE NAME STREET ADDRESS CITY ST-ZIP					15/4/01	
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 trusting empowed 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 applicates.						

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR