


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000051640</b>	
1. Entity Name ZRM CLEANING, INC.	

Principal Place of Business 4263 SW 69TH AVENUE MIAMI, FL 33155	Mailing Address 4263 SW 69TH AVENUE MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1167023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

FRADE, JOSE M  
4263 SW 69TH AVENUE  
MIAMI, FL 33155

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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	PD FRADE, JOSE M 4263 SW 69TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEREZ, RITA M 4263 SW 69TH AVENUE MIAMI, FL 33155
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U00000952055  
06/04/08-80054-012 150.00

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IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #