2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

		IVE: OIV!			1,11,	,,	
DOCUMENT # P03000058770 1. Entity Name						Secretar	y of Sta
	VAY CLEANING SERVICE, IN	NC.					
. Principal Pla	ce of Business	Mailing Address			•		
7540 US HI	GHWAY 1	7540 US HIGHWAY 1					
#103 HYPOLUXO,	FL 33462	#103 HYPOLUXO, FL 33462			ERINE MAN ERIU ERM ER	AL BORDI GIIDI IBIII IBBN (O	I ((
		1 P 1 P					
· · г	OO NOT WRITE	IN THIS SDA	CE	04122008	No Chg-P	CR2E034 (11/	
- 6	O NOT WINEL		VL.	4. FE! Numbe 56-236!		<u> </u>	Applied For Not Applicable
					of Status Desired	□ \$8.75	Additional
	6. Name and Address of Current Re	gistered Agent	programme a	الما بالم بالما الما الماء المام	a. Vine (1300 same o	All Street Co.	1 15 14 1 June - 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
QUINONES, MANUEL			3.3	DO	NOT W	RITE	
7540 US HIGHWAY 1 #103							1
HYPOLUXO, FL 33462				IN I	HIS SF	ACE	
						A TANKS CO.	t to
	named entity submits this statement for the	ne purpose of changing its register	ed office or registere	ed agent, or both	n, in the State of Fig	rida. I am familiar v	with, and accept
the obliga	tions of registered agent						
SIGNATURE	Signature, typed or printed name of registered agent and	tile il applicable (NOTE Register)	id Agent signature required	when reinstation()		DATE	
							<u></u>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Selection Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	Honoo	0938942	
10.	OFFICERS AND DI	RECTORS	1 2 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70.00 (Jan. 19.19)	-8 0006-025	150.00
TITLE	P CUINONES MANUEL		1 1 1 1	ik.			
NAME STREET ADDRESS	QUINONES, MANUEL 7540 US HIGHWAY 1 #103		k				
CITY-ST-ZIP	HYPOLUXO, FL 33462			10. * 4 4 · * 4 · ·			
TITLE				3		in a betata in a direction della direction de	
NAME STREET ADDRESS					an the sale of the sale of	Andrew St.	
CITY-ST-ZIP							
TITLE						• • • • • • • • • • • • • • • • • • • •	
NAME			the state of the s		· 함: 나.		7
STREET ADDRESS CITY-ST-ZIP			a record	DO:	NOT W	RITE	n .
TITLE			-	INI T	LUIC CE	MCE	
NAME				IIN E		W. T.	
STREET ADDRESS							•
CITY-ST-ZIP	 					, .	
TITLE NAME					te a la		1.1
STREET ADDRESS					***	** **	
CITY-ST ZIP				ان العداد عداد و ا وه ولاد والتي الأراد			1.
JJJLE NAME					ig, Ç		
SIREET ADDRESS							- 1 4
CITY-ST-ZIP	[•	1	a salah pung	أعار ما فأوطارها معد		

12. Thereby 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, withhall other like empowered.

SIGNATURE:

DON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #