


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90290 036 \*\*\*158.75

**DOCUMENT # P03000061171**

1. Entity Name  
**SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**10 CENTRAL PARKWAY  
 STE 309  
 STUART, FL 34994**      **10 CENTRAL PARKWAY  
 STE 309  
 STUART, FL 34994**

**40087539**



2. Principal Place of Business      3. Mailing Address

**10 SE CENTRAL PKWY**      **10 SE CENTRAL PKWY**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**440**      **440**

04282006      Chg-P      CR2E034 (11/05)

City & State      City & State

**STUART, FL**      **STUART, FL**

Zip      Country      Zip      Country

**34994**      **USA**      **34994**      **USA**

4. FEI Number      Applied For

**68-0561580**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBLES, MARCIA A  
 173 NW SWANN MILL CIRCLE  
 PORT SAINT LUCIE, FL 34986**

7. Name and Address of New Registered Agent

Name: **ROBLES, MARCIA A.**

Street Address (P.O. Box Number is Not Applicable): **10 SE CENTRAL PKWY # 440**

City: **STUART**      State: **FL**      Zip Code: **34994**

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: *Marcia Robles*      DATE: **04-28-06.**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | VP                         | <input type="checkbox"/> Delete |
| NAME           | ROBLES, MARCIA A ✓         |                                 |
| STREET ADDRESS | 173 NW SWANN MILL CIRCLE   |                                 |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34986 |                                 |
| TITLE          | P                          | <input type="checkbox"/> Delete |
| NAME           | VELASQUEZ, LUIS T          |                                 |
| STREET ADDRESS | 173 NW SWANN MILL CIRCLE   |                                 |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34986 |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PRESIDENT                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROBLES, MARCIA A         |  |
| STREET ADDRESS | 10 SE CENTRAL PKWY # 440 |  |
| CITY-ST-ZIP    | STUART, FL 34994         |  |
| TITLE          | V.P.                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VELASQUEZ, LUIS I.       |  |
| STREET ADDRESS | 10 SE CENTRAL PKWY # 440 |  |
| CITY-ST-ZIP    | STUART, FL 34994         |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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: *Marcia Robles*      DATE: **04-28-06.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #