

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90048 001 \*\*\*150.00

DOCUMENT # P03000079443

1. Entity Name  
PCM CLEANING SERVICES, INC.



Principal Place of Business  
11460 SW 186TH ST.  
MIAMI, FL 33157

Mailing Address  
11460 SW 186TH ST.  
MIAMI, FL 33157

**50016500**



—01202005— —No Chg-P— —CR2E034 (10/03)—

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0101172

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORONADO, NESTOR  
7360 CORAL WAY, SUITE 21  
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: Paulina C. Monzon  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/11/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	MONZON, PAULINA C
STREET ADDRESS	11460 SW 186TH ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	REINOSO, VICTOR (victor)
STREET ADDRESS	11460 SW 186TH ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paulina C. Monzon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/05 (305) 253-7417  
Date Daytime Phone #