## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000087325 1. Entity Name FINE TOUCH CLEANING SERVICES CORP.

**FILED** May 04, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

766 RICH DR #206 DEERFIELD BCH, FL 33441 Mailing Address

766 RICH DR #206 DEERFIELD BCH, FL 33441



## DO NOT WRITE IN THIS SPACE

| 4. FEI Number                    |  | Applied For               |
|----------------------------------|--|---------------------------|
| 20-0136671                       |  | Not Applicable            |
| 5. Certificate of Status Desired |  | 75 Additional<br>Required |

VIEIRA, MARGARETH 766 RICH DR #206

6. Name and Address of Current Registered Agent

## DO NOT WRITE

No Chg-P

04302007

|   | .D BCH, FE 33441   |  |                 |                                | THIS SPACE   |  |
|---|--|--|-----------------|--------------------------------|--|--|
| 8. The above the obligation SIGNATURE   | named entity submits this statement for the pations of registered agent. | urpose of changing its registere                                       | ed office or re | gistered agent, or bo          | oth, in the State of Florida. I am familiar with, and accept |  |
| Signature, typed or printed fame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |  |  |                 |                                |  |  |
| FIL<br>After M  | E NOW!!! FEE/IS \$150.00<br>ay 1, 2007 Fee will be \$550.00              | <ol><li>Election Campaign Finan<br/>Trust Fund Contribution.</li></ol> | ncing           | \$5.00 May Be<br>Added to Fees |  |  |
| 10.   | OFFICERS AND DIREC   | TORS   |                 |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DP<br>VIEIRA, MARGARETH<br>766 RICH DR #206<br>DEERFIELD BCH, FL 33441   |  |                 |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                 |                                | 000000760892<br>05/25/07-80031-021 150.00                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                 | DO                             | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                 | IN '                           | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                 |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | $\cap$   |  |                 |                                |  |  |
| 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 igitue 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 ampowered 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 actually signature. |  |  |                 |                                |  |  |