2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # P03000089159

NANDU CLEANING SERVICE CORP



Principal Place of Business

Mailing Address

15770 SW 84TH TERR. MIAMI, FL 33193

15770 SW 84TH TERR. MIAMI, FL 33193

FILED May 25, 2007 08:00 A Secretary of State



05092007

No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number 20-0155989 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ARRUE, EDMUNDO 15770 SW 84TH TERR. MIAMI, FL 33193

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8 The shove	named entity submits this statement for the	purpose of changing its regist	ered office or re	distered agent or bo	th, in the State of Florida. Lan	n familiar with, and accept
	ions of registered agent.	parpose of changing the region			.,	
SIGNATURE_	Signature, typed or printed name of registered agent and to	ered Agent signature	equired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	In accordance with s. 60 corporation did not receive	17:193(2)(b), F.S., the ive the prior notice.
10. OFFICERS AND DIRECTORS			1 () F	111111111111111111111111111111111111111		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRUE, EDMUNDO 15770 SW 84TH TERR. MIAMI, FL 33193				0000007650 06/01/07-800	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARRUE, MARIA 15770 SW 84TH TERR. MIAMI, FL 33193					
TITLE						AT I MATERIAL OF A STATE OF THE

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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 regarder 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 attach

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR