


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90152 004 ***150.00

DOCUMENT # P03000099227	
1. Entity Name CLEANING BY ME, INC.	

Principal Place of Business 9711 FONTAINEBLEAU BLVD. #106 MIAMI, FL 33172	Mailing Address 9711 FONTAINEBLEAU BLVD. #106 MIAMI, FL 33172
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20054747



2. Principal Place of Business 10009 NW 9ST. CIR #3 Suite, Apt. #, etc.	3. Mailing Address 10009 NW 9ST. CIR #3 Suite, Apt. #, etc.
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04222005 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 14-1894824	Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country DADE	Zip 33172	Country DADE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIAZ, MARIEMMA
 9711 FONTAINEBLEAU BLVD. #106
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: DIAZ, VICTOR
 Street Address (P.O. Box Number is Not Acceptable):
 10009 NW 9ST. CIR UNIT #3
 City: Miami FL Zip Code: 33172

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: *Victor M. Diaz*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MARIEMMA	
STREET ADDRESS	9711 FONTAINEBLEAU BLVD. #106	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, VICTOR	
STREET ADDRESS	9711 FONTAINEBLEAU BLVD. #106	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEDINA, INGRID	
STREET ADDRESS	9711 FONTAINEBLEAU BLVD. #106	
CITY-ST-ZIP	MIAMI, FL 33172	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, VICTOR	
STREET ADDRESS	10009 NW 9ST. CIR #3	
CITY-ST-ZIP	MIAMI, FL 33172	
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		
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 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: *Victor M. Diaz* Date: 04/22/05 Daytime Phone #