

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103925 1. Entity Name PRESTIGE CLEANING SERVICES, CORP.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">05 MAY -3 PM 12:56</div> <div style="font-size: 12px; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 197 SW 77TH AVE STE #2 MIAMI, FL 33144				Mailing Address PO BOX 441593 MIAMI, FL 33144			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent ULLOA, JOYSET 197 SW 77TH AVE #2 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name <u>Maily ulloa</u> Street Address <u>197 SW 77th Avenue</u> <u>#2</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33144</u>			
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 <u>Maily ulloa</u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEB IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLOA, JOYSET 197 SW 77TH AVE #2 MIAMI, FL 33144			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800054665478 05/17/05--01016--009 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ULLOA, MAIY 197 SW 77TH AVE #2 MIAMI, FL 33144			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Maily ulloa</u> <u>197 SW 77th Avenue #2</u> <u>Miami FL 33144</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Maily ulloa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

B