

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106506

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SOLUTION CLEANING SERVICES OF SOUTH FLORIDA, CORP

## Current Principal Place of Business:

3544 SW FOREMOST DRIVE  
PORT SAINT LUCIE, FL 34953 US

## New Principal Place of Business:

## Current Mailing Address:

3544 SW FOREMOST DRIVE  
PORT SAINT LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 20-0257781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
SECOND FLOOR  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

IGLESIAS, VLADIMIR  
3544 SW FOREMOST DRIVE  
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: VLADIMIR IGLESIAS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: IGLESIAS, VLADIMIR  
Address: 3544 S.W. FOREMOST DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VPD ( ) Delete  
Name: PALOMA SABRINA MENEZES SILVA  
Address: 3544 SW FOREMOST DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: IGLESIAS, VLADIMIR  
Address: 3544 SW FOREMOST DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VPD (X) Change ( ) Addition  
Name: SILVA, PALOMA S  
Address: 3544 SW FOREMOST DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D ( ) Change (X) Addition  
Name: DUARTE NETO, VIRGILIO  
Address: 9 VIRGINIA PARK BLVD  
City-St-Zip: FORT PIERCE, FL 34947 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VLADIMIR IGLESIAS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date