

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000106883

1. Entity Name  
FLORIDA POWER SWEEPING, INC.



Principal Place of Business  
1758 NORTH EAST 176TH STREET  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
1758 NORTH EAST 176TH STREET  
NORTH MIAMI BEACH, FL 33162



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3106751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RONALD A. MORA ALTAMIRANO  
1758 NORTH EAST 176TH STREET  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000225255  
02/11/05-80035-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME MORA, MARIA E  
STREET ADDRESS 1758 NORTH EAST 176TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE T  
NAME RONALD A. MORA ALTAMIRANO  
STREET ADDRESS 1758 NORTH EAST 176TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-08-05 (305) 944-5115