


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90315 034 \*\*\*150.00

**DOCUMENT # P03000119488**

1. Entity Name  
**CHAIRMAN'S CLEANING SERVICE, INC.**



Principal Place of Business      Mailing Address

7201 NW 16TH ST., #E285      7201 NW 16TH ST., #E285  
 PLANTATION FL 33313      PLANTATION FL 33313

*7201 NW 16 ST.*      *7201 NW 16 ST.*

2. Principal Place of Business      3. Mailing Address


*APT E 285*      *APT. E285*  
*PLNT. FL.*      *PLNT. FL.*

City & State      City & State

*33313*      *33313 FL.*

Zip      Country      Zip      Country

*U.S.A.*      *U.S.A.*



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

*20-0586333*      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, MAJORIE D**  
**7201-NW 16TH ST., #E285-**  
**PLANTATION FL 33313**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City      **FL**      Zip Code \_\_\_\_\_

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 *J.M. Robinson*      DATE *4/10/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Delete <i>5670 MIDDLE COFF DR. NWB. SAMUEL FISHER 33413</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - OPERATION <input type="checkbox"/> Delete <i>BASIL JONES</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SECRETARY <input type="checkbox"/> Delete <i>7201 NW 16 ST. PL. FL. KHADINE FISHER 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR <input type="checkbox"/> Delete <i>7201 NW 16 ST. PL. FL. APT. E285 MAJORIE ROBINSON - 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER <i>SAMUEL FISHER 5670 MIDDLE COFF DR. WEST PALM BEACH FL. 33413</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OPERATION - DIRECTOR <i>BASIL JONES 7201 NW 16 ST. APT E285 PLANT. FL. 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY - DIRECTOR <i>KHADINE FISHER 7201 NW 16 ST APT. E285 PLNT. FL. 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGING DIRECTOR <i>MAJORIE ROBINSON 7201 NW 16 ST. APT. E285 PLANT. FL. 33313</i>
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"/> 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: *J.M.E.D. Robinson*      DATE: *4/10/04*      DAYTIME PHONE # *954 540 6645*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

WV425992

#1003002119488

FLORIDA Dept.  
OFF STATE

CHAIRMAN'S CLEANING SERVICE INC.,

REQUESTED ATTACHMENT.

D/S

5/15/04

201 NW 16 ST.  
APT. E285  
PLANT, FL. 33313.

OF OFFICER'S STREET ADDRESS.

1. SAMUEL FISHER.

5670 MIDDIE COFF DR.

W. P. Beach FL. 33413.

2. BASIL JONES

7201 NW 16 ST.

APT. E285

PLANT. FL. 33313.

3. KHADINE FISHER.

7201 NW 16 ST.

APT. E285.

PLANT. FL. 33313.

4. MARJORIE ROBINSON.

7201 NW 16 ST

APT. E285

PLANTATION FL. 33313.