

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119488

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CHAIRMAN'S CLEANING SERVICE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-0586333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FISHER, SAMUEL  
Address: 5670 MIDDLE COH DR  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete  
Name: JONES, BASIL  
Address: 7201 NW 16TH ST., #E285  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: SD ( ) Delete  
Name: FISHER, CHADINE  
Address: 7201 NW 16TH ST., #E285  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: MGRD ( ) Delete  
Name: ROBINSON, MARJORY  
Address: 7201 NW 16TH ST., #E285  
City-St-Zip: FORT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARJORY ROBINSON

MD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date