2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119488

ROBINSON, MARJORY

7201 NW 16TH ST., #E285

FORT LAUDERDALE, FL 33313

Name:

Address:

City-St-Zip:

Entity Name: CHAIRMAN'S CLEANING SERVICE, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7201 NW 16TH ST., #E285 PLANTATION, FL 33313 **Current Mailing Address: New Mailing Address:** 7201 NW 16TH ST., #E285 PLANTATION, FL 33313 FEI Number: 20-0586333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MAJORIE D 7201 NW 16TH ST., #E285 PLANTATION, FL 33313 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FISHER, SAMUEL Name: Name: 5670 MIDDLE COH DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JONES, BASIL Name: 7201 NW 16TH ST., #E285 Address: Address: FORT LAUDERDALE, FL 33313 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition FISHER, CHADINE Name: Name: 7201 NW 16TH ST., #E285 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip: Title: MGRD () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARJORY ROBINSON MD 04/29/2005