

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119488

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CHAIRMAN'S CLEANING SERVICE, INC.

## Current Principal Place of Business:

1802 N. UNIVERSITY DR.  
BOX 239  
PLANTATION, FL 33322

## New Principal Place of Business:

1802 N. UNIVERSITY DR. STE 102  
BOX 239  
PLANTATION, FL 33322

## Current Mailing Address:

1802 N. UNIVERSITY DR.  
BOX 239  
PLANTATION, FL 33322

## New Mailing Address:

1802 N. UNIVERSITY DR. STE 102  
BOX 239  
PLANTATION, FL 33322

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  
1802 N. UNIVERSITY DR.  
BOX 239  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

ROBINSON, MAJORIE D  
1802 N. UNIVERSITY DR. STE 102  
BOX 239  
PLANTATION, FL 33322 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: MAJORIE D. ROBINSON

04/27/2009

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

Title: MGRD ( ) Delete  
Name: ROBINSON, MARJORIE D  
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:

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: MAJORIE D. ROBINSON

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date