

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90002 027 \*\*\*150.00

**DOCUMENT # P03000121045**

**1. Entity Name**  
**FELIPE CLEANING SERVICE, INC.**



**Principal Place of Business**  
**7430 BUCHANAN ST.**  
**HOLLYWOOD, FL 33024**

**Mailing Address**  
**7430 BUCHANAN ST.**  
**HOLLYWOOD, FL 33024**

**50066374**



09072005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**20-0353796**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

**DO NOT WRITE IN THIS SPACE**

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

**CASTILLO, DIEGO**  
**7430 BUCHANAN ST.**  
**HOLLYWOOD, FL 33024**

**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**  
**Due by September 7, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

|                        |                            |
|------------------------|----------------------------|
| <b>TITLE</b>           | <b>P</b>                   |
| <b>NAME</b>            | <b>CASTILLO, DIEGO</b>     |
| <b>STREET ADDRESS</b>  | <b>7430 BUCHANAN ST.</b>   |
| <b>CITY - ST - ZIP</b> | <b>HOLLYWOOD, FL 33024</b> |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

|                        |  |
|------------------------|--|
| <b>TITLE</b>           |  |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-5-05

Date

(954) 554 6949

Daytime Phone #