

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133291

Entity Name: ALLIANCE CLEANING, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

328 MAJORCA AVE #5  
CORAL GABLES, FL 33134

## New Principal Place of Business:

822 SOUTH ALFRED STREET B  
ALEXANDRIA, VA 22314

## Current Mailing Address:

328 MAJORCA AVE #5  
CORAL GABLES, FL 33134

## New Mailing Address:

822 SOUTH ALFRED STREET B  
ALEXANDRIA, VA 22314

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUILLEN, MANUEL  
328 MAJORCA AVE #5  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VITERI, XAVIER  
6721 SW 69 TERRACE  
MIAMI, FL 33143 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: XAVIER VITERI

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LOPES, PAULO J  
Address: 822 S ALFRED ST  
City-St-Zip: ALEXANDRIA, VA 22314

Title: DV (X) Delete  
Name: GUILLEN, MAUUEL  
Address: 328 MAJORCA AVE #5  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LOPES, PAULO J  
Address: 822 S ALFRED ST B  
City-St-Zip: ALEXANDRIA, VA 22314

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: PAULO J LOPES

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date