

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000138669

FILED  
Oct 20, 2004  
Secretary of State

**Entity Name:** QUALITY CLEANING SERVICES OF MIAMI, INC.

**Current Principal Place of Business:**

910 EAST 36TH STREET  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

910 EAST 36TH STREET  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 54-2134670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** MARTINEZ, NILDA  
**Address:** 910 EAST 36TH STREET  
**City-St-Zip:** HIALEAH, FL 33013

**Title:** D ( ) Delete  
**Name:** SAN MARTIN, BRIGIDA  
**Address:** 910 EAST 36TH STREET  
**City-St-Zip:** HIALEAH, FL 33013

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

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

**Title:** D (X) Change ( ) Addition  
**Name:** MARTINEZ, NILDA  
**Address:** 910 EAST 36 ST  
**City-St-Zip:** MIAMI, FL 33013

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:** NILDA MARTINEZ

D

10/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date