


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # P03000145647	
1. Entity Name ALEMAN'S CLEANING SERVICE CORP.	

Principal Place of Business 8558 BROTY WAY BOCA RATON, FL 33433	Mailing Address 8558 BROTY WAY BOCA RATON, FL 33433
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05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0459203	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALEMAN, MARIA 3440 BANKS ROAD, #104 MARGATE, FL 33063

**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME ALEMAN, MARIA
STREET ADDRESS 3440 BANKS ROAD, #104	CITY-ST-ZIP MARGATE, FL 33063
TITLE VD	NAME WILLIAMS, ANGELA V
STREET ADDRESS 3440 BANKS ROAD, #104	CITY-ST-ZIP MARGATE, FL 33063
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **5-9-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**