

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145658

1. Entity Name  
A to Z Cleaning Services, Inc



FILED  
04 DEC 20 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** ON

05182004 Chg-P CR2E034 (10/03)

Principal Place of Business Mailing Address

2. Principal Place of Business  
9203 Fontainebleau Blvd  
Suite, Apt. #, etc.  
#10  
City & State  
Miami, Florida  
Zip  
33172 Country  
USA

3. Mailing Address  
Same as Principal  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
86-1091912

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
Miriam Arias  
Street Address (P.O. Box Number is Not Acceptable)  
9203 Fontainebleau Blvd #10  
City  
Miami FL Zip Code  
33172

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 x [Signature] Miriam Arias DATE 12/13/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Arias, Miriam</u> <u>9203 Fontainebleau Blvd #10</u> <u>Miami, FL 33172</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>Brizuela, Rudy</u> <u>9203 Fontainebleau Blvd #10</u> <u>Miami, FL 33172</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: x [Signature] Miriam Arias DATE 12/13/04 (305) 480-1806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A to Z Cleaning Services, Inc.  
9203 Fontainebleau Blvd #10  
Miami, FL 33172

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P03000145658

I am writing to you because I did not receive the 2004 annual report for my business. I became aware of your new change in procedures when I contacted your office. I do not recall receiving the post card alerting the annual report. I ask that you please waive the penalty and accept my renewal fee in the amount of \$150.00, since I do not have the money to pay for the penalty. I hope that you take this all into consideration.

Thanking you in advance for your cooperation with this matter,



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Miriam Arias