2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 15, 2004 8:00 am DOCUMENT # P03000147642 **Secretary of State** 1. Entity Name 03-15-2004 90043 047 \*\*\*150.00 GLOBAL SMART CLEANING, INC. Principal Place of Business Mailing Address 850 EAST COMMERCIAL BLVD. 850 EAST COMMERCIAL BLVD. BLOCK E APT. #244 BLOCK E APT. #244 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address TO 0 P . O. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For DEERFIELD DEERFIELD Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3*3 44* 3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1261 E SAMPLE RD. POMPANO BEACH FL 33064 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 age FILE NOW!!! FÉE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD PD TITLE Change Addition TITLE E Defete TEJADA, YURI M NAME MATTOSI NAME 850 EAST COMMERCIAL BLVD. BLOCK E APT 244 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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

er like empowered

changed, or on an attachm