


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-25-2004 90048 030 ***150.00

DOCUMENT # P03000158093					
1. Entity Name CAROLINA'S COMMERCIAL CLEANING SERVICES, INC.					
Principal Place of Business 18752 NW 84TH PL UNIT 605 MIAMI FL 33015			Mailing Address 18752 NW 84TH PL UNIT 605 MIAMI FL 33015		
2. Principal Place of Business			3. Mailing Address 18331 PINES BLVD.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. #208		
City & State			City & State PEMBROKE PINES, FL		
Zip	Country	Zip	Country	4. FEI Number 562425956	
33029	USA	33029	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, MARIA B 18752 NW 84TH PL UNIT 605 MIAMI FL 33015				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 a registered agent.					
SIGNATURE <i>Maria Beatriz Restrepo</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 03-22-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	NAME		NAME	
NAME	VARELA, ALVARO	NAME		NAME	
STREET ADDRESS	18752 NW 84TH PL UNIT 605	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V	NAME		NAME	
NAME	MARIA B RESTREPO	NAME		NAME	
STREET ADDRESS	18752 NW 84TH PL UNIT 605	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		NAME		NAME	
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TITLE		NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		NAME	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Maria Beatriz Restrepo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 03-22-04 (954) 499-1212 <small>Daytime Phone #</small>	