2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P0400002400 1. Entity Name



MORALES CLEANING SERVICES INC.

Principal Place of Business

1063 BATTERY POINTE DRIVE ORLANDO, FL 32828 Mailing Address

P.O. BOX 780432 ORLANDO, FL 32878

FILED Apr 03, 2006 08:00 AM Secretary of State



02242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3775736

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

e. Name and Address of Current Adgratered Agent						
MORALES, GONZALO JR. 1063 BATTERY POINTE DRIVE ORLANDO, FL 32828			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the patients of registered agent.	ourpose of changing its registered	office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered				d Agent signature required when reinstating) DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗀	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, GONZALO JR. P.O. BOX 780432 ORLANDO, FL 32878				U00000491312 04/19/06-80018-006 158.79	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
MAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
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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 path; 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 fight an address, with all type like empowered.

SIGNATURE(

STREET ADDRESS
CITY-ST-ZIP
TIFLE
HAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 (40) 489-3586