

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000004649

1. Entity Name  
SOUTH FLORIDA CLEANING, INC.



Principal Place of Business

4040 SUNNY DAY WAY  
KISSIMMEE, FL 34744

Mailing Address

4040 SUNNY DAY WAY  
KISSIMMEE, FL 34744



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0677698

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VASQUEZ, RAMON  
1644 SUNBURST WAY  
KISSIMMEE, FL 34744

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000661047  
03/20/07-80025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VASQUEZ, RAMON
STREET ADDRESS	1644 SUNBURST WAY
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	VASQUEZ, OLGA
STREET ADDRESS	1644 SUNBURST WAY
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	GARCIA, ERICA
STREET ADDRESS	1644 SUNBURST WAY
CITY-ST-ZIP	KISSIMMEE, FL 34744
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/07  
Date

Daytime Phone #