2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🗡

Secretary of State DOCUMENT # P04000048598 02-21-2005 90072 019 ***150.00 BEST CLEANING & MAINTENANCE SERVICES, INC. Principal Place of Business Mailing Address CUUTOION 2901 NORTH DORCHESTER LANE 2901 NORTH DORCHESTER LANE COOPER CITY, FL 33026 COOPER CITY, FL 33026 2. Principal Place of Business ששנה 11650 JW 11650 SW Suite, Apt. #, etc. 01152005 CR2E034 (10/03) Chg-P 200 City & State 4. FEI Number Applied For 20-0887237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARAUJO, LISETT 2901 NORTH DORCHESTER LANE COOPER CITY, FL 33026 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change ☐ Addition TITLE mu ARAUJO, LISETT NAME NAME SW 2M 2901 NORTH DORCHESTER LANE STREET ADDRESS STREET ADORESS Embrace Puer CITY-ST-ZIP COOPER CITY, FL 33026 CITY-ST-ZE VSD □ Delete ■ Addition FERNANDEZ, DIGNA M NAME NAME 2901 NORTH DORCHESTER LANE STREET ADDRESS STREET ADDRESS COTY-ST-ZIP COOPER CITY, FL 33026 CRY-ST-ZP ☐ Delete ППЕ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP D Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-7/P CITY-ST-ZIP TITLE ☐ Change ■ Addition DILE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 21, 2005 8:00 am