2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000049567 1. Entity Name PREMIUM CLEANING AND MAINTENANCE, INC.				ļ		AH 11: 11				
Principal Plac 4265 NW 18 #207 MIAMI, FL 33	TH STREET 3126	Mailing Address 4265 NW 18TH STREET #207 MIAMI, FL 33126		•		ide constitution				
7-510 Suite, Apt. A —	203	3. Mailing Address 7510 SW /3 Suite, Apt. #, etc. A = 203	52M)VE	07152005	Chg-P	CR2E	034 (10/03)		
City & State Zip Zip Zip		City & State MIAMI F Zip 33/93 Registered Agent	LOIZ IL Country USA)1		S / D a	278 ired New Registered	\$8.75 Add Fee Required		
GARCIA, L 4265 NW 1 #207 MIAMI, FL	UIS E 18TH STREET			Address (I	2 <i>C14</i> P.O. Box Numb			1 2	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	City	MIA	MI		FL	Zip Code 33 familiar with,	193 and accept	
SIGNATURE Signature, typed or district name of registered agent and title II applicable. (NOTE. Registered Agent signature required when reinstating) DATE										
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaigr Trust Fund Contrib			00 May Be ed to Fees		nnce with s. 607 n did not receiv			
10.	OFFICERS AND D	RECTORS	11.	r	ADDITIONS	CHANGES TO	O OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P MOVILLA, VICTORIA D 4265 NW 18TH STREET #207 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP		VILLA 10 SU	Victor 152 Fl	214 D Th AV	□Lethange } } }	□ Addition 1203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150		0005: /05011	94847 046025	□ Change ? 7 1 ##150.	Addition	
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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: VICTORY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone # Date										

Charter Number Only

VALIDATION

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ON THE CORPORATIONS

THE CHARGE STATE

OTHER THE CORPORATIONS

CORPORATION(S) NAME

City

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) Profit) NonProfit	() Amendment	() Merger	riee:
) Foreign	() Dissolution	() Mark	
) Limited Partnership	Annual Report	() Other	000
) Reinstatement	Reservation	() Change of Registered Agent	į
) Certified Copy	() Photo Copies	() Certificate Under Seal	70
Call When Ready	() Call If Problem	(p) After 4:30 () Mail Out	0200-304-000-1

Name	 	
Availability		
Document	 	
Examiner	 	
Updater		
Verifier	 	
Acknowledgment	 	
W.P. Verifier		