

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000050364

1. Entity Name
CELMY CLEANING SERVICE CORPORATION



**FILED
Apr 28, 2005 8:00 am
Secretary of State**

04-28-2005 90199 043 ***150.00

Principal Place of Business
4035 SW 15TH STREET
F210
POMPANO BEACH, FL 33069

Mailing Address

2. Principal Place of Business

10660 NW 39 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GALLEGO, CELMIRA
4035 SW 15TH ST.
F210
POMPANO BEACH, FL 33069

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 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: OCAMPO, ALVARO L
STREET ADDRESS: 4035 SW 15TH ST., F210
CITY-ST-ZIP: POMPANO BEACH, FL 33069

Delete

TITLE: V
NAME: GALLEGO, CELMIRA D
STREET ADDRESS: 4035 SW 15TH ST., #F210
CITY-ST-ZIP: POMPANO BEACH, FL 33069

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/05 (954)7535789

Date

Daytime Phone #