## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000056901**

1. Entity Name

**D&A CLEANING GROUP, INC** 



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

288 95TH ST

OCEAN MARATHON, FL 33050

288 95TH ST

OCEAN MARATHON, FL 33050



## DO NOT WRITE IN THIS SPACE

01142008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0965418 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDAMA, DAYMIS 288 95TH ST OCEAN MARATHON, FL 33050

## DO NOT WRITE IN THIS SPACE

	•					
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office	e or regi	stered agent, or bot	h, 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 Agent signature required when reinstalling)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	_ ;	55.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. ALDAMA, DAYMIS 288 95TH ST OCEAN MARATHON, FL 33050				000000780585 01/22/08-80031-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME Street address City-St-Zip		. –	-			
TITLE NAME STREET ADDRESS CITY-ST-719						

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

HGRATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 (305)481-4534