


Maria Diaz CPA

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 029 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000061670			
1. Entity Name EXPERT CLEANING SERVICE INC.			
Principal Place of Business 2701 N HIATUS ROAD # 174 COOPER CITY, FL 33026		Mailing Address 2701 N HIATUS ROAD # 174 COOPER CITY, FL 33026	
2. Principal Place of Business 11045 Neptune Drive Suite, Apt. #, etc.		3. Mailing Address 11045 Neptune Drive Suite, Apt. #, etc.	
City & State Cooper City FL		City & State Cooper City FL	
Zip 33026		Zip 33026	
Country		Country	
4. FEI Number 20-1005574		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, PILAR 2701 N HIATUS ROAD # 174 COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11045 Neptune Drive City Cooper City FL Zip Code 33026	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VALDES, PILAR 2701 N HIATUS ROAD # 174 COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	11045 Neptune Drive Cooper City, FL 33026 <input type="checkbox"/> Change <input type="checkbox"/> 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 charged, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Pilar Valdes		04/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	