

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90026 036 ***150.00

DOCUMENT # P04000066325

1. Entity Name
WORLD CLEANING OF FLORIDA, INC.



Principal Place of Business
~~250 JACARANDA DRIVE,~~
~~APT 410~~
~~PLANTATION, FL 33324~~

Mailing Address
~~250 JACARANDA DRIVE,~~
~~APT 410~~
~~PLANTATION, FL 33324~~

40055000



2. Principal Place of Business

7980 NOB Hill Rd

Suite, Apt. #, etc.
204

City & State
TAMARAC, FL

Zip Country

3. Mailing Address

7980 NOB Hill Rd

Suite, Apt. #, etc.
204

City & State
TAMARAC, FL

Zip Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number
77-0631626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIULIANI, GIANCARLO

7980 NOB HILL RD.
204
TAMORAC, FL 33321

7. Name and Address of New Registered Agent

Name
GIULIANI, MIRIAM

Street Address (P.O. Box Number is Not Acceptable)

7980 NOB Hill Rd # 204

City TAMARAC, FL. FL Zip Code 33321

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

Miriam Giuliani

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME GIULIANI, GIANCARLO
STREET ADDRESS
CITY-ST-ZIP SAME ADDRESS

TITLE ☐ Delete
NAME VP
NAME GIULIANI, MIRIAM
STREET ADDRESS
CITY-ST-ZIP SAME ADDRESS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Miriam Giuliani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #