


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90046 002 ***158.75

DOCUMENT # P04000074467	
1. Entity Name CITY CLEANING SERVICES, INC	

Principal Place of Business 3660 INVERRARY DRIVE #1-G LAUDERHILL, FL 33319	Mailing Address 3660 INVERRARY DRIVE #1-G LAUDERHILL, FL 33319
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40002299



2. Principal Place of Business 3711 SW 12 place Suite, Apt. #, etc. #103	3. Mailing Address 3711 SW 12 place Suite, Apt. #, etc. #103
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01122005 Chg-P CR2E034 (10/03)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33312	Country United States
Zip 33312	Country United States

4. FEI Number 03-0540983	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, SOPHIA 3660 INVERRARY DRIVE #1-G LAUDERHILL, FL 33319	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SOPHIA 3660 INVERRARY DRIVE #1-G LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sophia Jones 3711 SW 12 place #103 Fort Lauderdale, FL 33312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sophia Jones Sophia Jones 1/14/05 754-214-1836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #