


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 028 ***150.00

DOCUMENT # P04000083708		
1. Entity Name AMBER CLEANING SERVICES, INC.		

Principal Place of Business 550 SW 169 WAY WESTON, FL 33326	Mailing Address 9770 NW 15 St Pembroke Pines FL 33024
---	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 77-0636837		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		7. Name and Address of New Registered Agent	
FERNANDEZ, SABEL 550 SW 169 WAY WESTON, FL 33326		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: Sabel Fernandez (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 FERNANDEZ, SABEL 550 SW 169 WAY WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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
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
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
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

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 an other like empowered.

SIGNATURE: Sabel Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

ATTACHMENT
40101573

Division of Corporations
Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

P04000083708

Business Entity Name

AMBER CLEANING SERVICES,
INC.

FEI Number

770636837

FEI Number Status

Certificate of Status Desired

No

Election Campaign Financing Trust Fund
Contribution

No

Principal Place of Business

Address 9770 NW 15 STREET

Suite, Apt. #, etc.

City, State PEMBROKE PINES, FL

Zip Code & Country 33024

Mailing Address

Address 9770 N.W. 15 STREET

Suite, Apt. #, etc.

City, State PEMBROKE PINES, FL

Zip Code & Country 33024

Name and Address of Registered Agent

Name (Last, First, Middle, Title) FERNANDEZ, SABEL

Address 9770 NW 15 STREET

Suite, Apt. #, etc.

City, State PEMBROKE PINES, FL

Zip Code & Country 33024 US

Registered Agent Signature SABEL FERNANDEZ

Officer/Director Name and Address

ATTACHMENT

40101573

P04000083708

Title P
Name (Last, First, Middle, Title) FERNANDEZ, SABEL
Street Address 9770 NW 15 STREET
City, State PEMBROKE PINES, FL
Zip Code & Country 33024

Title P
Officer/Director Signature SABEL FERNANDEZ

Continue

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)