## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000122648** 1. Entity Name 05-04-2005 90151 033 \*\*\*150.00 ALL CLEAN SERVICE, INC. Principal Place of Business Mailing Address 8331 NW 201 TERRACE 8331 NW 201 TERRACE MIAMI, 33015 MIAMI, 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-20 11 5 15 Ch2 E084 (10/03) 04292005 City & State City & State Applied For Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLESIAS, JAVIER 8331 NW 201 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33015 City Zio Code 8. The above partied 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 of registered agent. SIGNATUR phature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when regulating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete IIIE ☐ Change Addition IGLESIAS, JAVIER NAME NAME STREET ADDRESS **8331 NW 201 TERRACE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

Date

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**