

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128074

FILED
Apr 25, 2005
Secretary of State

Entity Name: AMAROSSI CLEANING SERVICE INC.

Current Principal Place of Business:

1335 PARADISE LANE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

834 PINE FOREST TR. W.
PORT ORANGE, FL 32127 US

Current Mailing Address:

1335 PARADISE LANE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

834 PINE FOREST TR. W.
PORT ORANGE, FL 32127 US

FEI Number: 73-1717576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, MITZY
1335 PARADISE LANE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

MALDONADO, MITZY
834 PINE FOREST TR. W.
PORT ORANGE, FL 32127 US

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.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MALDONADO, MITZY
Address: 1335 PARADISE LANE
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: VP () Delete
Name: MALDONADO, HECTOR
Address: 1335 PARADISE LANE
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: S () Delete
Name: TORO, Jaelis
Address: 1335 PARADISE LANE
City-St-Zip: DAYTONA BEACH, FL 32119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MALDONADO, MITZY
Address: 834 PINE FOREST TR. W.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP (X) Change () Addition
Name: MALDONADO, HECTOR
Address: 834 PINE FOREST TR. W.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S (X) Change () Addition
Name: MITZY, MALDONADO
Address: 834 PINE FOREST TR. W.
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITZY MALDONADO

DPT

04/25/2005

Electronic Signature of Signing Officer or Director

Date