


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-09-2005 90031 007 ***150.00

DOCUMENT # P04000128776	
1. Entity Name CLEANING QUALITY SERVICES U.S. CORP.	

Principal Place of Business 1490 WEST 68 STREET STE 202 HIALEAH FL 33014	Mailing Address 1490 WEST 68 STREET STE 202 HIALEAH FL 33014
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66009703



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address 1327 WEST 40ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State HIALEAH FL
Zip	Country U.S.

4. FEI Number 22-160 8212	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 LOPEZ, AGUSTIN 16363 NW 16 ST. PEMBROKE PINES FL 33028	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11.1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, AGUSTIN 1490 WEST 68 STREET STE 202 HIALEAH FL 33014 <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:  **03/03/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #