

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 047 ***150.00

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1. Entity Name

CLEANING QUALITY SERVICES U.S. CORP.



Principal Place of Business

1490 WEST 68 STREET STE 202
HIALEAH FL 33014

Mailing Address

1327 WEST 80 ST
HIALEAH FL 33014

2. Principal Place of Business

1327 WEST 80 ST
Suite, Apt. #, etc.
HIALEAH FL

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1608212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

LOPEZ, AGUSTIN
16363 NW 16 ST.
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name AMOR MARCHAN
Street Address (P.O. Box Number is Not Acceptable)
1327 WEST 80 ST.
HIALEAH FL
City FL Zip Code 33014

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

AMOR MARCHAN

(NOTE: Registered Agent signature required when reinstating)

4-6-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PD
NAME LOPEZ, AGUSTIN
STREET ADDRESS 1490 WEST 68 STREET STE 202
CITY-ST-ZIP HIALEAH FL 33014 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME AMOR MARCHAN
STREET ADDRESS 1327 WEST 80 ST
CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06

Date

Daytime Phone #