2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 05, 2007 8:00 am DOCUMENT # P04000128776 **Secretary of State** 1. Entity Name 02-05-2007 90095 007 ***150.00 CLEANING QUALITY SERVICES U.S. CORP. Principal Place of Business Mailing Address 1327 W 80 ST 1327 WEST 80 ST HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 20-1608212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUEVARA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 5781-B N.W. 151 STREET MIAMI LAKES FL 33014 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 roghtered agent. SIGNATURE INOTE Registered Agent signature regioned when reinstalted DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP-T-D-Guevara Alexander Delete IIIIE Change X Addition HILL GUEVARA, ALEXANDER NAME NAMI 5781-B N.W. 151 STREET STRUCT ADDRESS STRULLADDRESS 5781 B N.W. 151 Street MIAMI LAKES FL 33014 CHY ST ZIP CITY ST 7IP Miami Lakes, Fl 33014 P-STITLE Dolele TITLE ☐ Change Addition Glady Castro CASTRO, GLADYS NAME NAMI **1327 WEST 80 STREET** STREET ADDRESS 1327 West 80 Street STREET ADDRESS HIALEAH FL 33014 CITY ST-7IP CITY ST ZIP Hialeah, Fl. 33014 THEF ☐ Defete 11111 □ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST 7IP Delete DILLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY \$1 7ff CHY SEZIF 11111 Delete DIU ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZP CITY ST 7# Delete ШЦ DITTE Change ■ Addition NAME NAML STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 eath; that I am an effect 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #