



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90010 036 ***150.00

DOCUMENT # P04000136005 1. Entity Name ADVANCE COMMERCIAL CLEANING, INC.					
Principal Place of Business 7361 NW 174TH ROAD, STE F-104 MIAMI, FL 33015			Mailing Address 7361 NW 174TH ROAD, STE F-104 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box # 7361 N.W. 174 Terrace		3. Mailing Address 7361 N.W. 174 Terrace		 02212007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. F104		Suite, Apt. #, etc. F104			
City & State Hialeah Florida		City & State Hialeah Florida			
Zip 33015		Zip 33015			
Country U.S.A.		Country U.S.A.		4. FEI Number 20-1682274	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name CLAUDIA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 7361 N.W. 174 Terrace F-104 City Hialeah FL Zip Code 33015	
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 <u><i>Claudia Gonzalez</i></u> DATE <u><i>2/21/2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, CLAUDIA 7361 NW 173RD TERRACE, F-104 MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORENO, NANCY 180 ROYAL PALM RD., APT. 208 HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Nancy E. Hoover</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>2/21/2007 (305) 362-9139</i></u> <small>Date Daytime Phone #</small>		