


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 042 ***150.00

DOCUMENT # P04000137876	
1. Entity Name SERVICLEAN ENTERPRISES, INC.	

Principal Place of Business 17090 COLLINS AVENUE #B-202 SUNNY ISLES BEACH, FL 33160	Mailing Address 17090 COLLINS AVENUE #B-202 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business 17090 Collins Ave. B 202	3. Mailing Address 17090 Collins Avenue.
Suite, Apt. #, etc. B. 202	Suite, Apt. #, etc. B. 202

City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL
Zip 33160	Country
Zip 33160	Country



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1712742	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 MONTOYA, GLADYS D.S. 17090 COLLINS AVENUE #B-202 SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, GLADYS D.S. 17090 COLLINS AVENUE #B-202 SUNNY ISLES BEACH, FL 33160 <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: Gladys Montoya - Gladys Montoya 03/14/05 305.9198559
Signature and typed or printed name of signing officer or director Date Daytime Phone #