


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 17090 COLLINS AVENUE #B-202 17090 COLLINS AVENUE #B-202
 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1712742 Not Applicable

5. Certificate of Status Desired **\$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

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000656823
 03/14/07-80045-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, GLADYS D.S. 17090 COLLINS AVENUE #B-202 SUNNY ISLES BEACH, FL 33160
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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, in that address, with all other like empowered.

SIGNATURE: Gladys Montoya Date: 03/01/07 Daytime Phone #: 305-9198559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR