


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 014 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17090 Collins Ave. B 202 **P.O. BOX 600981**

Suite, Apt. #, etc. Suite, Apt. #, etc.



04152008 Chg-P CR2E034 (12/06)

City & State City & State
Sunny Isles Beach, FL **North Miami Beach, FL**

Zip Country Zip Country
33160 **U.S.A** **33160** **USA**

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number's Not Accepted) _____
 City _____ **FL** 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 registered agent.

SIGNATURE _____
Applicable for new and initial registered agent for the first year (P.O. Box registered agent signature required for all filings) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONTOYA, GLADYS D.S.	
STREET ADDRESS	17090 COLLINS AVENUE #B-202	
CITY, ST, ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information submitted 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 subsequent reports is true and accurate and that my signature shall have the same legal effect as I 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 empowerments.

SIGNATURE:  **Gladys Montoya** 04.14.08 305.9198559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE