

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90072 028 \*\*\*163.75

<b>DOCUMENT # P04000139311</b> 1. Entity Name <b>BAY 2 BAY CLEANING SERVICES INC</b>			
Principal Place of Business <b>2607 W KIRBY ST TAMPA, FL 33614 US</b>		Mailing Address <b>2607 W KIRBY ST TAMPA, FL 33614 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7008 N. Rome Ave</b>		3. Mailing Address <b>7008 N. Rome Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33604</b>		Zip <b>33604</b>	
Country 		Country 	
4. FEI Number <b>20-1728422</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUIZ, ALICIA 2607 W KIRBY STREET TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>RUIZ, ALICIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7008 N. Rome Ave</b> <b>Tampa</b> <b>FL</b> <b>33604</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> 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	P <b>RUIZ, ALICIA 2607 W KIRBY STREET TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RUIZ, ALICIA 7008 N. Rome Ave. TAMPA FL. 33604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MARRERO, WILLIAM 2607 W KIRBY STREET TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>marrero, william 7008 N. Rome Ave. Tampa FL. 33604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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: <b>Alicia Ruiz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/8/07</b> <b>813-</b> Daytime Phone # <b>333-8255</b>	

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## ATTACHMENT

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6. Name and Address of Current Registered Agent  <b>RUIZ, ALICIA 2607 W KIRBY STREET TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>ALICIA RUIZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>7008 N. Rome Ave.</b> City <b>Tampa</b> FL <b>33604</b>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUIZ, ALICIA 2607 W KIRBY STREET TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARRERO, WILLIAM 2607 W KIRBY STREET TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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SIGNATURE: <u><i>Alicia Ruiz</i></u>		Date <u>2/8/07</u> Daytime Phone # <u>813-333-8255</u>	