


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90412 031 ***158.75

DOCUMENT # P04000146055

1. Entity Name
KIA'S CLEANING SERVICES, INC.



Principal Place of Business
**9113 VINEYARD LAKE DR
 PLANTATION, FL 33326**

Mailing Address
**9113 VINEYARD LAKE DR
 PLANTATION, FL 33326**

14014120



2. Principal Place of Business
1110 NW 76 AVE.

3. Mailing Address
1110 NW 76 AVE.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State
PLANTATION, FL.

City & State
PLANTATION, FL.

Zip
33324

Country
USA

Zip
33324

Country
USA

4. FEI Number
47-0946227

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, ERIKA
 9113 VINEYARD LAKE DR
 PLANTATION, FL 33326**

7. Name and Address of New Registered Agent

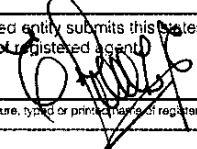
Name
MUNOZ, ERIKA

Street Address (P.O. Box Number is Not Acceptable)
1110 NW 76 AVE.

City
PLANTATION

FL Zip Code
33324

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 **04/29/05**

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. **\$5.00 May Be Added to Fees**

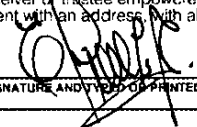
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MUNOZ, ERIKA 9113 VINEYARD LAKE DR PLANTATION, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIORINO, VINCE 9113 VINEYARD LAKE DR PLANTATION, FL 33326	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MUNOZ, ERIKA 1110 NW 76 AVE. PLANTATION, FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  DATE **04/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #