

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152183

FILED
Jan 04, 2005
Secretary of State

Entity Name: KR COMMERCIAL CLEANING, CORP.

Current Principal Place of Business:

4531 NE 15TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

4531 NE 15TH AVENUE
POMPANO BEACH, FL 33064 US

Current Mailing Address:

4531 NE 15TH AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

4531 NE 15TH AVENUE
POMPANO BEACH, FL 33064 US

FEI Number: 20-1850169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTOS, MONICA
Address: 4531 NE 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANTOS, MONICA
Address: 4531 NE 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP () Change (X) Addition
Name: VALINHO, SAVIO M
Address: 4531 NE 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: T () Change (X) Addition
Name: GERALDES, EBANO M
Address: 4531 NE 15TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA SANTOS

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date