

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000159907

FILED
Sep 27, 2006
Secretary of State

Entity Name: CHAIRM PROFESSIONAL CLEANING SERVICES, INC.

Current Principal Place of Business:

465 NW 128TH STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

465 NW 128TH STREET
MIAMI, FL 33168

New Mailing Address:

FEI Number: 20-1887337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDRE, SHERLEY
701 NW 214TH STREET #209
MIAMI, FL 331692012 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: SHERLEY ALEXANDRE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALEXANDRE, SHERLEY
Address: 701 NW 214TH STREET #209
City-St-Zip: MIAMI, FL 331692012

Title: VD () Delete
Name: MILCETTE, MERLINE
Address: 465 NW 128TH STREET
City-St-Zip: MIAMI, FL 33168

Title: VSTD () Delete
Name: CHARLES-MARC, NYMPHA
Address: 225 NW 127TH STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change () Addition
Name: CHARLES-MARC, NYMPHA
Address: 440 NW 124 STREET
City-St-Zip: MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MERLINE MILCETTE

VD

09/27/2006

Electronic Signature of Signing Officer or Director

Date