
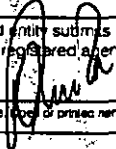
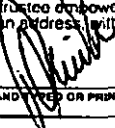


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

06-13-2005 90273 001 ***150.00
06-13-2005 90273 002 *****8.75
09-09-2005 90034 032 ***391.25

DOCUMENT # P04000169734					
1. Entity Name AVILA'S CLEANING SERVICES INC.					
Principal Place of Business 6915 N GUNLOCK AVE TAMPA, FL 33614 US			Mailing Address 6915 N GUNLOCK AVE TAMPA, FL 33614 US		
2. Principal Place of Business 6915 N. Gunlock Ave Tampa, FL 33614			3. Mailing Address 6915 N. Gunlock Ave		
Suite, Apt. #, etc. Tampa, FL 33614			Suite, Apt. #, etc. -		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33614	Country Hill/5b.	Zip 33614	Country Hill/5b.	4. FEI Number 20-2027329	
6. Name and Address of Current Registered Agent AVILA, PERDO 6915 N GUNLOCK AVE TAMPA, FL 33614				7. Name and Address of New Registered Agent AVILA, PEDRO 6915 N. Gunlock Ave Tampa, FL 33614	
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 6-6-05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME AVILA, PERDO			<input type="checkbox"/> Delete	
STREET ADDRESS 6915 N GUNLOCK AVE					
CITY-ST-ZIP TAMPA, FL 33614					
TITLE T	NAME AVILA, PERDO			<input type="checkbox"/> Delete	
STREET ADDRESS 6915 N GUNLOCK AVE					
CITY-ST-ZIP TAMPA, FL 33614					
TITLE VP	NAME CABRERA, JANETTE			<input type="checkbox"/> Delete	
STREET ADDRESS 6915 N GUNLOCK AVE					
CITY-ST-ZIP TAMPA, FL 33614					
TITLE S	NAME CABRERA, JANETTE			<input type="checkbox"/> Delete	
STREET ADDRESS 6915 N GUNLOCK AVE					
CITY-ST-ZIP TAMPA, FL 33614					
TITLE	NAME			<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
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 reports 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 6/6/05 (813) 841-9255	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50066169



05092005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2027329

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

6. Name and Address of Current Registered Agent

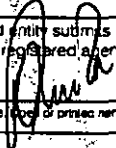
7. Name and Address of New Registered Agent

Name **AVILA, PEDRO**

Street Address (P.O. Box Number is Not Acceptable)
6915 N. Gunlock Ave

City **Tampa** FL Zip Code **33614**

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 **6-6-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** NAME **AVILA, PERDO** ☐ Delete

STREET ADDRESS **6915 N GUNLOCK AVE**

CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **T** NAME **AVILA, PERDO** ☐ Delete

STREET ADDRESS **6915 N GUNLOCK AVE**

CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **VP** NAME **CABRERA, JANETTE** ☐ Delete

STREET ADDRESS **6915 N GUNLOCK AVE**

CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **S** NAME **CABRERA, JANETTE** ☐ Delete

STREET ADDRESS **6915 N GUNLOCK AVE**

CITY-ST-ZIP **TAMPA, FL 33614**

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:  DATE **6/6/05** (813) 841-9255

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR