


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90392 010 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000008325</b> 1. Entity Name <b>GPM CLEANING SERVICES, CORP.</b>																																			
Principal Place of Business <b>3854 LYONS ROAD</b> <del>205</del> <b>COCONUT CREEK, FL 33073</b>		Mailing Address <b>3854 LYONS ROAD</b> <del>205</del> <b>COCONUT CREEK, FL 33073</b>																																	
2. Principal Place of Business <b>18810 NW 57 Ave</b> Suite, Apt. #, etc. <b>210</b> City & State <b>MIAMI, FL</b> Zip <b>33015</b> Country <b>US</b>		3. Mailing Address <b>18810 NW 57 Ave</b> Suite, Apt. #, etc. <b>210</b> City & State <b>MIAMI, FL</b> Zip <b>33015</b> Country <b>US</b>																																	
4. FEI Number <b>20-2181798</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>MOREIRA, GLORIA P</b> <del>3854 LYONS ROAD</del> <del>205</del> <del>COCONUT CREEK, FL 33073</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>18810 NW 57 Ave # 210</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33015</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 <u><i>G. Patricia Moreira</i></u> DATE <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE P NAME MOREIRA, GLORIA P STREET ADDRESS <del>3854 LYONS ROAD # 205</del> CITY-ST-ZIP <del>COCONUT CREEK, FL 33073</del> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE P NAME MOREIRA, GLORIA P STREET ADDRESS <del>3854 LYONS ROAD # 205</del> CITY-ST-ZIP <del>COCONUT CREEK, FL 33073</del>	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>18810 NW 57 Ave # 210</b>  <b>MIAMI, FL 33015</b> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18810 NW 57 Ave # 210</b> <b>MIAMI, FL 33015</b>														
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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: <u><i>G. Patricia Moreira</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/06</u> <small>Date</small>																																	