2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027320

ORTIZ, EDGAR

230 PORCHESTER DR.

SANFORD, FL 32771 US

Name:

Address:

City-St-Zip:

Entity Name: E & M CLEANING SYSTEMS INC.

FILED Jul 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 230 PORCHESTER DR. SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 230 PORCHESTER DR. SANFORD, FL 32771 FEI Number: 20-2378983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTIZ, EDGAR 230 PÓRCHESTER DR. SANFORD, FL 32771 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: ORTIZ, EDGAR Name: 230 PORCHESTER DR. Address: Address: City-St-Zip: SANFORD, FL 32771 US City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: MICOLTA, MARIA LUISA Name: 230 PORCHESTER DR. Address: Address: SANFORD, FL 32771 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition PARRA-ORTIZ, LUISA ORTIZ, LUISA F Name: Name: 230 PORCHESTER DR. 230 PORCHESTER DR. Address: Address: City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 US Title: DIR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDGAR ORTIZ P 07/02/2008