## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 16, 2006 8:00 am **Secretary of State DOCUMENT # P05000075166** 1. Entity Name 03-16-2006 90224 019 \*\*\*150.00 ABC COMMERCIAL CLEANING, INC. Principal Place of Business Mailing Address 3166 ATWATER DR 3166 ATWATER DR ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01222008 Chg-P City & State Applied For City & State 4. FEI Number 20-24 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, SERGIO SR Street Address (P.O. Box Number is Not Acceptable) 3166 ATWATER DR ORLANDO, FL 32825 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TOTE TILLE ☐ Change ☐ Addition ☐ Delete PICKARD, JOSE G JR NAME **480 GREENSPRING CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL. 32708 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE DIAZ, SERGIO B SR NAME NAME STREET ADDRESS STREET ADDRESS 3166 ATWATER DR CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP Delete THE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Channe ☐ Addition TITLE TELL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED