2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90321 006 ***150.00

DOCUMENT # P05000083740
1. Entity Name
ALEMAR CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
2747 W. GREEN STREET TAMPA, FL 33607 US	2747 W. GREEN STREET TAMPA, FL 33607 US

01302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2907 N. Tampania Ave.	2907 N. Tampania Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33607 Country:	Zip: 33607 Country:

4. FEI Number: 432083678 ☐ Applied For ☐ Not Applicable

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
RODRIGUEZ, MARIA I 2747 W. GREEN STREET TAMPA, FL 33607	Name: Street Address (P.O. Box Number is Not Acceptable): 2907 N. Tampania Ave. City: Tampa FL Zip Code: 33607

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: [signature] 01-31-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, MARIA I		NAME	
STREET ADDRESS	2747 W. GREEN STREET		STREET ADDRESS	2907 - N. Tampania Ave.
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33607
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDINO, DENISE M		NAME	
STREET ADDRESS	2747 W. GREEN STREET		STREET ADDRESS	2907 - N. Tampania Ave.
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33607
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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.

SIGNATURE: [signature] Maria Rodriguez 01-31-06 (813) 732-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #