


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90184 044 ***150.00

DOCUMENT # P05000099796	
1. Entity Name SOUTH FLA DRYER VENT CLEANING, CORP.	

Principal Place of Business 6900 NW 179 STREET BLDG 1 #103 MIAMI, FL 33015	Mailing Address 6900 NW 179 STREET BLDG 1 #103 MIAMI, FL 33015
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2. Principal Place of Business - No P.O. Box # 6900 NW 179th St	3. Mailing Address 2565 25th St West
Suite, Apt. #, etc. Bldg 1 Unit 102	Suite, Apt. #, etc. Whigh Acres
City & State Miami Florida	City & State Florida
Zip 33015	Country USA

40085501



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 72-1523169	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, FRANK 6900 NW 179 STREET BLDG 1 #103 MIAMI, FL 33015	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>F. Delgado</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4/24/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DELGADO, FRANK 6900 NW 179 STREET BLDG 1 #103 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BARRABI, ELENA 6900 NW 179 STREET BLDG 1 #103 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>F. Delgado</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/24/2007</u> <small>Date</small>	DAYTIME PHONE # <u>305 556 9858</u> <small>Daytime Phone #</small>
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