

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 050 ***158.75

DOCUMENT # P06000006357			
1. Entity Name BE CLEAN SERVICES CORP			
Principal Place of Business 4303 SUMMIT CREEK BLVD #4109 ORLANDO, FL 32837 US		Mailing Address 4303 SUMMIT CREEK BLVD #4109 ORLANDO, FL 32837 US	
2. Principal Place of Business - No P.O. Box # 2937 ASHLAND LN S.		3. Mailing Address 2937 ASHLAND LN S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34741		Country USA	
4. FEI Number		Applied For <input checked="" 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 ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR #246 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name: PACHECO SELMA S. Street Address (P.O. Box Number is Not Acceptable): 2937 ASHLAND LN. S. City: KISSIMMEE FL Zip Code: 34741	
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>Selma Pacheco</u> DATE: <u>April 21, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: PACHECO, SELMA S. STREET ADDRESS: 4303 SUMMIT CREEK BLVD #4109 CITY-ST-ZIP: ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE: DP NAME: PACHECO, SELMA S. STREET ADDRESS: 2937 ASHLAND LN S. CITY-ST-ZIP: KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: SANTOS, AILZA G STREET ADDRESS: 7607 HIDDEN CYPRESS DR CITY-ST-ZIP: ORLANDO, FL 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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.			
SIGNATURE: <u>Selma Pacheco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 21, 2007</u> <small>Date Daytime Phone #</small>	