

FILED
May 11, 2007 8:00 am
Secretary of State

03-12-2007 90078 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000029846			
1. Entity Name GRACIELA CLEANING SERVICES, INC.			
Principal Place of Business 3600 NW 188TH STREET MIAMI GARDEN, FL 33056		Mailing Address 3600 NW 188TH STREET MIAMI GARDEN, FL 33056	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4535528		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUENTES, GRACIELA 3600 NW 188TH STREET MIAMI GARDEN, FL 33056		7. Name and Address of New Registered Agent Name: <u>President</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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 _____ DATE _____ (Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when transferring.)			
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P FUENTES, GRACIELA 3600 NW 188TH STREET MIAMI GARDEN, FL 33056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 507, 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2-26-07</u> 302762048 Daytime Phone: <u>620-6677</u>	