## , 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P06000038497  1. Entity Name ALL ABOUT YOUR CLEANING SERVICES, INC.				Secretary of State 05-03-2007 90047 005 ***158.75		
Principal Place of Business 1030 NE 145TH STREET N MIAMI, FL 33161		Mailing Address 1030 NE 145TH STREET N MIAMI, FL 33161				
2. Principal Place of Business - No P.O. Box # 1030 NE 145 m 1711 Suite, Apt. #, etc.		3. Mailing Address 10 30 NE 145th Shr. Suite, Apt. #, etc.				
City & State N. Miami, Fl		City & State N MIAMI, FI		4. FEI Number 20 - 441 23 / 7	Applied For Not Applicable	
Zip 33	161 Chuntry USA		ountry USA		8.75 Additional	
	6. Name and Address of Current F	tegistered Agent		7. Name and Address of New Registered A	gent	
CLARKE, DENISE P / 1030 NE 145TH STREET N MIAMI, FL 33161			Name Street Address (	Name Street Address (P.O. Box Number is Not Acceptable)		
. *			City	FL	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. Lam familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Signature, typed or presided agent and title if applicable. (NOTE: Regulated Agent argusture required when reestating)  9. Election Campaign Financing \$5.00 May Be Added to Fees					, , , , , , , , , , , , , , , , , , ,	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, DENISE P 1030 NE 145TH STREET N MIAMI, FL 33161		TIFILE NAME STREET ADDRESS CITY-ST-JIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY, DELROY A 1030 NE 145TH STREET N MIAMF, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARKE, DENISE P 1030 NE 145TH STREET N MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THILE NAME STREET ADDRESS CITY-ST-ZIP	712	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	earlify that the information counting with		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  EXAMPLEMENTS CONTAINED	in Chapter 119 Florida Statutes   further certif	Change Addition	

12. I nereby certify that the information supplied with this filing does not quality 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:

Wark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

954-558-1938