


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

3/2

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90031 020 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P06000057647<br>1. Entity Name<br>PALMETTO BAY CLEANING SERVICES, INC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>14120 SW 88TH AVE<br>MIAMI, FL 33176 | Mailing Address<br>14120 SW 88TH AVE<br>MIAMI, FL 33176 |
|---|---|

66010713



03052008 No Chg-P CR2E034 (11/05)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-4746275  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MARIA V. TRINIDAD<br>14120 SW 88TH AVENUE<br>MIAMI, FL 33176 | <b>DO NOT WRITE IN THIS SPACE</b> |
|---|-----------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TRINIDAD, MARIA V<br>14120 SW 88TH AVE<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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: *Maria V. Trinidad* 5/13/08 (305) 253 7018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_