## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 14, 2007 8:00 am Secretary of State

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DOCUMENT # P06000063296  1. Entity Name CONKEYSTEV CLEANING SERVICES, CORP.					05-14-2007 9	0082 044 ***150	0.00
Principal Plac	e of Business	Mailing Address			. 4 9 3 11 (		
`		•		1 40	112301		
12945 SW 4		12945 SW 49 TERR		4,0			
MIAMI, FL 3	3175	MIAMI, FL 33175		j			
2. Principal P	tace of Business) No P.O. Box #/	3. Mailing Address	W114A	A10 1111			
Suite, Apt.	#, etc.	Suite, Apt. #, etc/	0.5	04302007	Chg-P	CR2E034 (12/06)	
Λ_	#205.	1 FX	<u> </u>		<u> </u>		
City & State	omi El	City & State	TH	4. FEI Numbe	20-487	<i>                                      </i>	plied For at Applicable
Z/0 -	Country	70-27	Country		<del>90-101</del>	\$9.75	
33	3/78.	93178.		5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Re	gistered Agent	
ADAQUE	SAUL CON		Name	H10000	11/	1500	
ARAQUE, WILSON 12945 SW 49 TERR 12945 SW				Iress (P.O. Box Numb	er is Not Acceptable)	,	
MIAMI, FL 33175				20 1/4	<del>)</del>	1 - 1 -	
<b>/学</b> /			470	QKU	1 114 4	We Fall	25.
	111	$\overline{}$	City	Viami		FL Zip Cod	3171.
8. The above named entity submitte this statement for the purpose of changing its registered office our egistered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of registered layent.							
SIGNATURE							
	signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE	
9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.							
10.	OFFICERS AND		11.	ADDITIONS	CHANGES/TO OFFIC	CERS AND DIRECTOR	
TITLE	P	☐ Delete	TITLE	TROID	elles s	Change	Addition
NAME	ARAQUE, WILSON		NAME	Fra aux.	Wilson	2·, 1	
STREET ADDRESS	12945 SW 49 TERR		STREET ADDRESS	1200	) w/ 1	حدد لمك	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	HUNK	114 HVE	HXUS.	
TETLE		☐ Delete	TITLE K	MICOMIN'S	TC • 3319	☐ Change	☐ Addition
NAME			NAME /	,			
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				1_/
TITLE		☐ Delete	TITLE	Vicebres	J Cleet.	_ ☐ Change	Addition
NAME			NAME	Nalahad.	Thrim	2 Martin	/\ .
STREET ADDRESS			STREET ADDRESS	seguo,	1942111	1901111	•
CTTY-ST-ZIP			CITY-ST-ZIP	Delglado, 1720 NIL	) 114-AVE =	£205	
TITLE		☐ Delete	TITLE	Viami, I	1. 33,78	· Change	Addition
NAME			NAME	7		_ •	
STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME			<b>-</b>	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME	<u>{</u>		NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12, I hereby	certify that the information supplied with	this filling does not qualify for	. <b>4</b>	ntained in Chapter 119	9, Florida Statutes. I f	urther certify that the i	nformation
1 indicated	on this conget or/ourselemental conget in	true and controls and that m	u cianatura aball bay	o the enma local affect	at on if made under a	ath, that I am an affina	or discolar

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/suppliental 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 of trustee empowered to exactle 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 attagripping with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #