## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064625

Entity Name: PLUSMIX CLEANING SERVICES INC

FILED May 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1135 VILLAGE CIRCLE 7810 CREST HAMMOCK WAY BLDG 2 APT 205 SARASOTA, FL 34240

BLDG 2 APT 205 SARASOTA, FL 34: SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

1135 VILLAGE CIRCLE

BLDG 2 APT 205

SARASOTA, FL 34240

SARASOTA, FL 34237

FEI Number: 51-0581110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CSG - CAPITAL SERVICES GROUP INC 446 W HILLSBORO BLVD HILLSBORO GARDENS CENTER DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete Title: PDS (X) Change ( ) Addition

 Name:
 ALMEIDA, ALEX P
 Name:
 ALMEIDA, ALEX P

 Address:
 1135 VILLAGE CIRCLE
 Address:
 7810 CREST HAMMOCK WAY

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34240

**VPDT** Title: **VPDT** (X) Change ( ) Addition Title: () Delete Name: ALMEIDA, JORGE LUIZ R F Name: ALMEIDA, JORGE LUIZ R F 1135 VILLAGE CIRCLE 7810 CREST HAMMOCK WAY Address: Address: SARASOTA, FL 34237 SARASOTA, FL 34240 City-St-Zip: City-St-Zip:

**VPDS** Title: (X) Change ( ) Addition Title: ( ) Delete **VPDS** MENEGAZZI, CLAUDIANE S MENEGAZZI, CLAUDIANE S Name: Name: 1135 VILLAGE CIRCLE 7810 CREST HAMMOCK WAY Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX P ALMEIDA PDS 05/07/2008