## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073655

Entity Name: CAE CLEANING SERVICES INC

FILED Mar 25, 2009 Secretary of State

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

14708 WATER LOCUST DR
ORLANDO, FL 32828 US
318 BELLA VIDA BLVD
ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

14708 WATER LOCUST DR 318 BELLA VIDA BLVD ORLANDO, FL 32828 US ORLANDO, FL 32828 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ESCOBAR, ALBA
14708 WATER LOCUST DR
ORLANDO, FL 32828 US

ESCOBAR, ALBA
318 BELLA VIDA BLVD
ORLANDO, FL 32828 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: ALBA ESCOBAR 03/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition ESCOBAR, ALBA ESCOBAR, ALBA Name: Name: 14708 WATER LOCUST DR 318 BELLA VIDA BLVD Address: Address: City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: ORLANDO, FL 32828 US

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

 Name:
 ESCOBAR, CARLOS A
 Name:
 ESCOBAR, CARLOS A

 Address:
 14708 WATER LOCUST DR
 Address:
 318 BELLA VIDA BLVD

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:
 ORLANDO, FL 32828 US

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

 Name:
 MONTES, JERRY
 Name:
 MONTES, JERRY

 Address:
 14708 WATER LOCUST DRIVE
 Address:
 318 BELLA VIDA BLVD

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 ORLANDO, FL 32828

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: ALBA ESCOBAR P 03/25/2009