

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

08 SEP 29 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000076291

1. Entity Name  
ARTIC'S CLEANING SERVICE INC



Principal Place of Business  
3781 NW 9 ST.  
FT. LAUDERDALE, FL 33311

Mailing Address  
3781 NW 9 ST.  
FT. LAUDERDALE, FL 33311

**DO NOT WRITE IN THIS SPACE**

09252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
43-2106636

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MODAS, DANIEL A.  
1215 SE 2ND AVE., #202  
FT. LAUDERDALE, FL 33335

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
WILCOX, ARTIC  
3781 NW 9 ST.  
FT. LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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200136535738  
10/01/08--01052--023 \*\*150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/08 954  
763-2960