


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 025 ***150.00

DOCUMENT # P06000087026	
1. Entity Name WATSON PRESSURE CLEANING & SERVICES, CORP	

Principal Place of Business 170 BONAVENTURE BLVD SUITE 205 WESTON, FL 33326	Mailing Address 170 BONAVENTURE BLVD SUITE 205 WESTON, FL 33326
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40109575

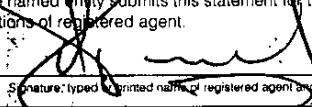
2. Principal Place of Business - No P.O. Box # 444 FISHTAIL TERRACE	3. Mailing Address 444 FISHTAIL TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.


06022008 Chg-P CR2E034 (12/06)

City & State WESTON FL.	City & State WESTON FLORIDA
Zip 33327	Country USA.
Zip 33327	Country USA.

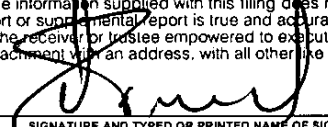
4. FEI Number 20-5107958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNA, WATSON 170 BONAVENTURE BLVD APT #205 WESTON, FL 33326	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 	DATE 06-30-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNA, WATSON 170 BONAVENTURE BLVD APT #205 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	WATSON REYNA 06-30-08 (914) 913-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	