

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-26-2007 90075 007 ***150.00

DOCUMENT # P06000095487 1. Entity Name A BRAND NEW LOOK CLEANING SERVICE, INC.					
Principal Place of Business 1007 N FEDERAL HWY SUITE 165 FT LAUDERDALE FL 33304			Mailing Address 1007 N FEDERAL HWY SUITE 165 FT LAUDERDALE FL 33304		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEE Number 20-5241540	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUDOLF & HOFFMAN, P.A. 615 NE 3RD AVE FT LAUDERDALE FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>James Smith</i></u> DATE <u>3-8-07</u> <small>Signature typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registration)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNDT, JARROD 1007 N FEDERAL HWY SUITE 165 FT LAUDERDALE FL 33304	<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 Section 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: <u><i>James Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-31-07</u> <u>954525-7128</u> <small>Printed Name</small>		